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CROSS, JOHN

SKETCHES OF THE MEDICAL
SCHOOLS OF PARIS

1815

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SKETCHES
OF THE
MEDICAL SCHOOLS
OF
PARIS.

INCLUDING REMARKS ON
THE HOSPITAL PRACTICE, LECTURES,
ANATOMICAL SCHOOLS, AND MUSEUMS;
AND EXHIBITING
THE ACTUAL STATE OF MEDICAL INSTRUCTION IN THE
French Metropolis.

BY
JOHN CROSS,

MEMBER OF THE COLLEGE OF SURGEONS IN LONDON;
CORRESPONDING MEMBER OF THE SOCIÉTÉ MÉDICALE D'ÉMULATION
OF PARIS;
AND LATE DEMONSTRATOR OF ANATOMY IN THE
UNIVERSITY OF DUBLIN.

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1815.



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TOMMY

from John F. South

TO

EDWARD RIGBY, M.D. F.L.S.

PHYSICIAN TO THE NORFOLK AND NORWICH HOSPITAL,
AND TO THE LUNATIC ASYLUM, &c.

SIR,

*It was at your suggestion that
I went to Paris. Allow me to offer you
some of the fruits of my visit to that
extraordinary Metropolis.*

I am, Sir,

Your obliged Servant,

JOHN CROSS.

From the [illegible] of [illegible]

THE [illegible] OF [illegible]

[illegible text]

[illegible text]

[illegible text]

PREFACE.

THE following pages originated in a few letters, which I wrote whilst in **PARIS**, to men in **LONDON** or **DUBLIN**, whose friendship is both an honor and a treasure to me. They were originally written in a style so little suited to the epistolary, that I could scarcely hope to escape the censure of the critic, if they had been presented to the **PUBLIC** under the title of **LETTERS**. I offer them as **SKETCHES** or **OUTLINES**, which the pen of some man of more extensive opportunities, and with abilities better suited to the task, may hereafter fill up and complete.

My residence in PARIS, during the last winter, was unavoidably shorter than I wished. I shall, however, always recollect with pleasure the treatment I received there, and the readiness I found in every man of science to shew, communicate, and explain, whatever was worth seeing, learning, or inquiring after.

In the course of the following pages, I have mentioned most of the men to whom I am indebted; but I have found it impossible to pay individually the tribute of gratitude which I owe, and I therefore beg of them to accept this general expression of my thanks.

I am under obligations to M. BLAINVILLE, that I cannot repay by merely acknowledging the condescension and kindness which I experienced from that celebrated Teacher and Philosopher, whose

talents are already known and appreciated throughout Europe. Nor are my obligations less to M M. PINEL, DUPUYTREN, ROUX, ORFILA, EDWARDS, MAGENDIE, BECLARD, BRESCHET, SERRES, and DESPORTES, without whose assistance I could never have gained sufficient information respecting the PARISIAN SCHOOLS, to enable me to publish even this short and imperfect account of them. An acquaintance with these men has not only impressed me with a high sense of their great zeal for the advancement of science, but has given me a degree of confidence in their liberality, that cannot be better explained than by the freedom with which I have expressed my remarks upon what came under my observation, during my residence amongst them.

NORWICH,
June, 1815.

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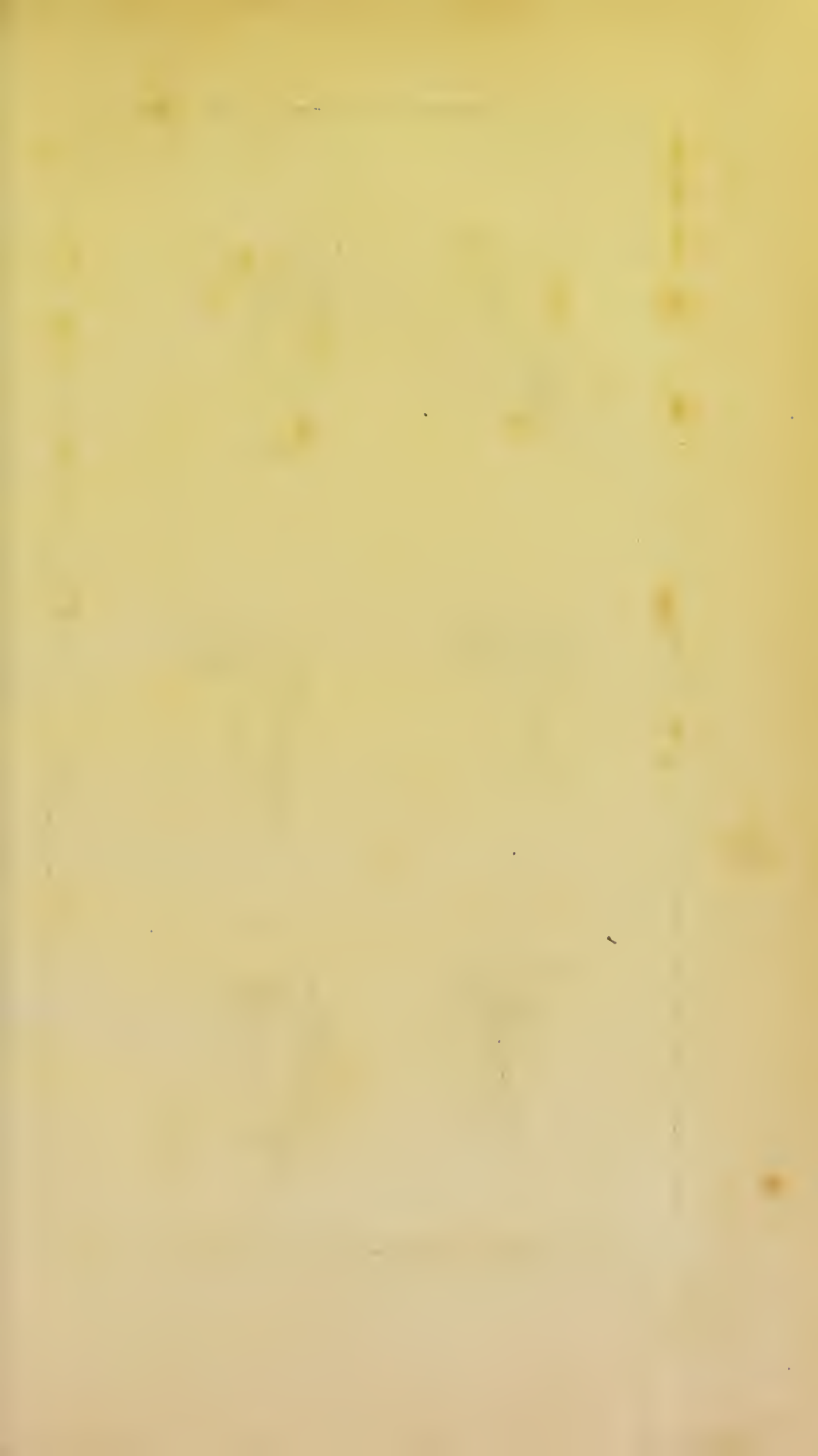


Fig. 4.



Fig. 5.



Fig. 6.



Fig. 3.

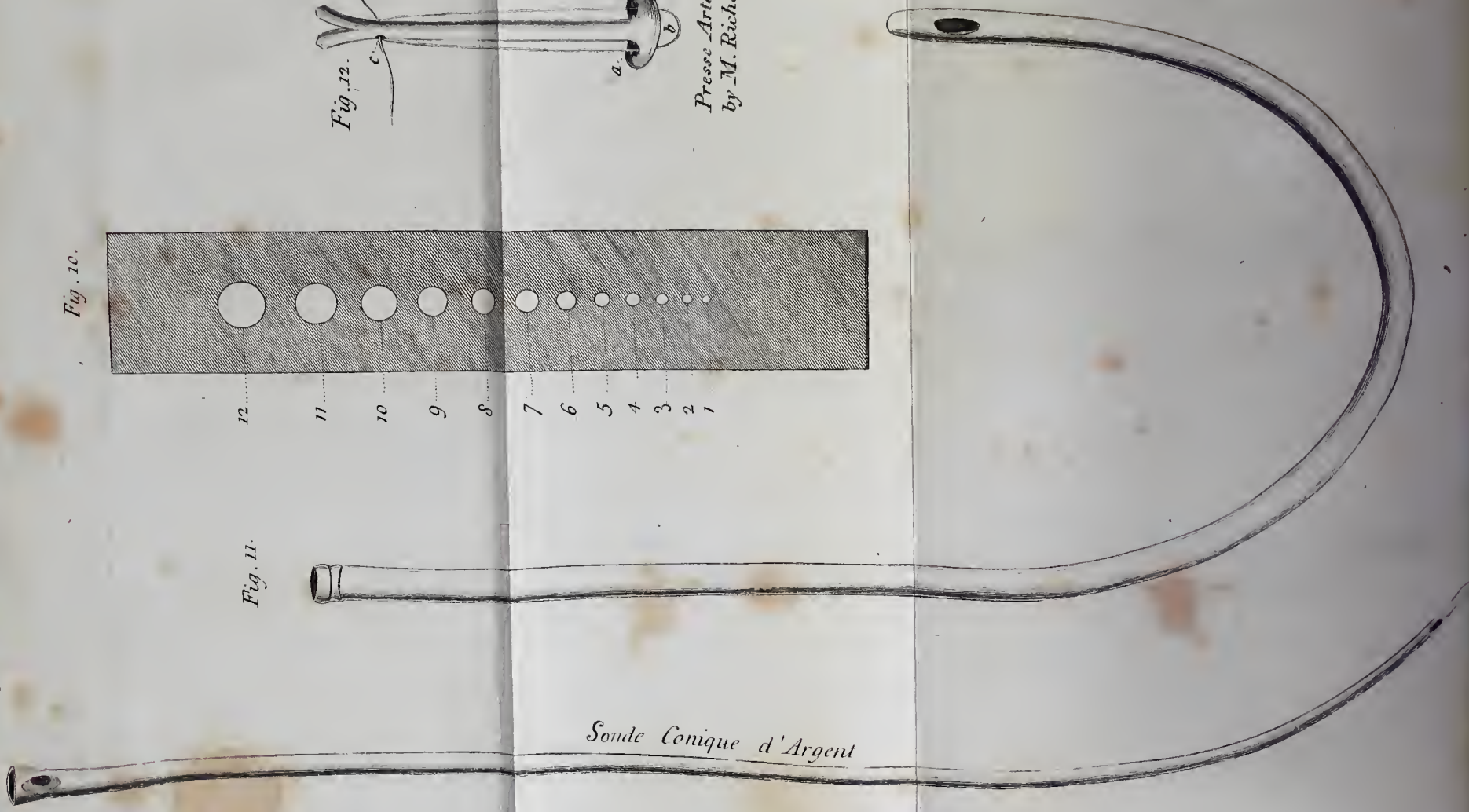


Fig. 7.



Fig. 8.





Sonde Conique d'Argent

Fig. 10.

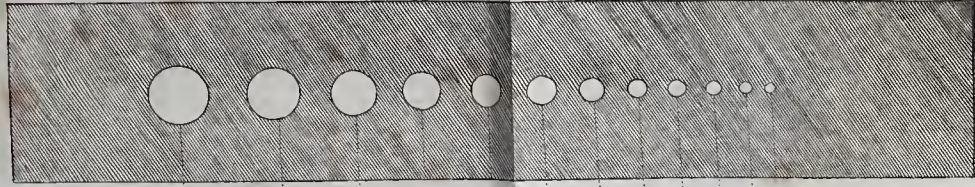


Fig. 11.

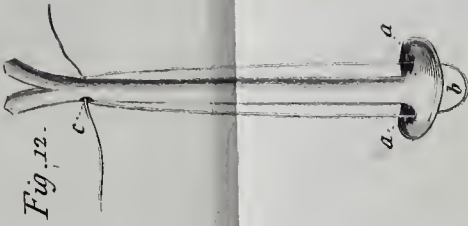


Fig. 12.

*Presse Artère used
by M. Richerand.*

SKETCHES
OF THE
MEDICAL SCHOOLS
OF
PARIS, &c.

PREVIOUS to the French Revolution, there INTRODUC-
TION. existed in different parts of France, nearly twenty universities, which had the power of conferring degrees in Medicine, and about fifteen Colleges or Corporations of Physicians; doctoral honours were as vendible as they are at present in some of our Scotch Universities, and were sent by return of post to those in the country who were desirous of receiving them.

The schools of surgery and corporations of surgeons in France, were less numerous and more respectable; and whilst, at Paris, the

College of Physicians held a miserable building near L'HOTEL DIEU, the Academy of Surgery occupied a noble edifice, which was begun by Louis the fifteenth, and completed by his unfortunate successor.

After the suppression of the universities, faculties, and learned corporations, in August 1792, a state of anarchy prevailed in the practice of medicine and surgery, even worse than during the ancient organization of the medical schools; and it was not until the third year of the Republic, that the National Convention passed a decree for establishing at Paris, Strasbourg, and Montpellier, an “ ECOLE DE SANTÉ, “ for the education of medical officers for the “ service of the hospitals in France, and particularly of the naval and military hospitals,” from which have originated all the modern improvements in the French system of medical education.

L'ECOLE DE
SANTÉ.

The fine building of the late Academy of Surgery was appropriated to L'ECOLE DE SANTÉ

at Paris, which became the centre of medical as well as surgical instruction.

The *Couvent des Cordeliers*, celebrated on account of the Jacobinical meetings held there at the time of the revolution, was converted into an hospital (*l'hospice de Perfectionnement*) for the purpose of receiving extraordinary cases, and making such experiments with new remedies, as might tend to the advancement of medical science. Dissecting rooms were ordered to be built, to each of which a *prosecteur* was appointed to direct the students, and repeat to them the subjects of the last lectures of the professors. Bodies for dissection were to be furnished from the hospitals, the professors merely specifying the number required.*

Hospital and
Dissecting
Rooms at
L'ECOLE DE
SANTÉ.

By the decree of the *Convention Nationale*, twelve professors were appointed to “ L'ECOLE

Professors,
&c. at
L'ECOLE DE
SANTÉ.

* The regulations for the establishment of LES ECOLES DE SANTÉ contain a clause that “ *toutes les prescriptions se feront en Française* ”—and it is still the general practice in France to write the prescriptions in the French language.

DE SANTÉ ” at Paris, as many assistant-professors, a director, inspector, demonstrator in chief, librarian, conservator of the Museum, *dessinateur-peintre*, modeller, &c.

Lectures delivered at
L'ÉCOLE DE
SANTÉ.

The following were the lectures to be delivered. During the winter six months—1. Anatomy and Physiology. 2. Medical Chemistry and Pharmacy. 3. Operative Surgery. 4. Doctrine of Hippocrates, and History of rare Cases. During the Summer—1. Medical Natural History. 2. Doctrine of Health. 3. Internal Pathology. 4. External Pathology. 5. Medical Jurisprudence, and History of Medicine. 6. Midwifery, two courses; one of four months for *les élèves de la Patrie*; the other of two months, for women intending to become midwives. During the whole year—1. *Clinique interne*, or medical clinical lectures, at *la Charité*. 2. *Clinique externe*, or surgical clinical lectures, at *l'Hôtel Dieu*. 3. Clinical lectures, at *l'hospice de Perfectionnement*. All the clinical lectures were to be given at the same hour; but the other lectures were so arranged,

as not to interfere with these, nor with each other.

The great object in establishing the three *Ecoles de Santé*, was the education of national students (*les élèves de la patrie*). From each district in France, young men, between the age of seventeen and twenty-six, were sent to receive medical instruction at one of these three schools, free of expense, and the number of them to be educated at L'ECOLE DE SANTÉ of Paris, was fixed at three hundred. These national students were divided into three classes, according to their advancement.

Education of
National
Students.

The commencing class was to follow, during the winter, the courses of anatomy, physiology, chemistry, and demonstrations of objects in the museum; during the summer, to assist at the lectures on medical natural history, demonstrations of the bones, and application of bandages.

Three
classes of
National
Students.

The second class was to follow, in winter,

practical anatomy, chemistry, operative surgery, and the doctrines of Hippocrates; in summer, natural history, external and internal pathology, and midwifery.

The first class was to assist the professors at the winter courses of lectures on anatomy, chemistry and operative surgery; and in the summer to attend to medical natural history, external and internal pathology, history of medicine, and medical jurisprudence.

During the whole year, the national students were to attend the clinical lectures of the different professors, and the three classes attended in succession, for four months, at each of the hôpitals. The *clinique externe*, at *l'Hôtel Dieu*, was appointed for the third, or commencing class; the *clinique interne*, at *la Charité*, for the second; and the *clinique de Perfectionnement*, for the first.

To secure the attendance of the national students at the hospitals and clinical lectures,

each professor was directed to call over their names twice in ten days, and those who were found absent three times out of ten, were referred to the committee for regulating public instruction, and reprimanded or dismissed.

Examinations, &c. of the National Students.

To ascertain the progress of the national students, at the conclusion of each course, those amongst them who had followed it were assembled, and three questions proposed, to which they gave a written answer at the end of an hour and a half, from which the professors judged of their advancement. Besides this, there was held annually, a general examination of all the students, when premiums were given to the most worthy, and those who did not satisfy the professors, were discharged to make room for others.*

* From the increase of the French territories, and the necessity for a great number of medical officers to supply the army, three new schools were ordered to be established in 1803, on the same plan as those at Paris, Strasbourg, and Montpellier; but two of them only were actually founded, viz. one at Turin and the other at Mayence.

Such was the system, under which L'ECOLE DE SANTÉ (since called *l'Ecole de Medecine*) at Paris, for the gratuitous education of medical officers of the hospitals and the army, was commenced and carried on; the lecture rooms and hospitals were open to the public, and those eager to get instruction, found the greatest facilities of obtaining it: but there was no school, or college for the reception of students, desirous of following a regular education, in order to become private practitioners, without entering as “*eleves de la patrie.*”

Degrees in
Medicine
and Surgery
granted at
L'ECOLE DE
SANTÉ.

In 1803, a law was passed, by which LES ECOLES DE SANTÉ of Paris, Strasbourg, and Montpellier, were made the colleges for granting degrees in medicine and surgery, under the regulations which are still observed by those who wish to graduate, and are not national students. From the date of this law, no one could legally become a doctor, nor practise as a surgeon or physician, without undergoing a course of study of above four years;—yet, from negligence on the one side, or imposition

on the other, the whole has been completed in six weeks! Mischiefs as great arise from the abuse of laws, as from the want of them; and, it would be better to have no medical or surgical colleges in France, England, or any other country, than to have men practising under the authority of a degree, or a diploma, that has been obtained by stratagem, or conferred without discrimination.

Abuses in
the obtaining
of degrees at
L'ECOLE DE
SANTÉ.

It could hardly be supposed that the regularly educated Doctors of Medicine, or Surgery, would settle in small towns; and therefore the above law provided against this evil, by appointing, as country practitioners, men of less extensive education, under the title of "*Officiers de Santé*," who were not required to study at the great schools of Paris, Strasbourg, or Montpellier, but were licensed to practise, after living six years with a regular doctor, or five years in a country hospital, and being examined by a jury of Medical Men, appointed for that purpose in each of the departments. These *Officiers de Santé* were allowed

Appoint-
ment of
*Officiers de
Santé*.

to practise only under certain restrictions; they could not perform the grand operations in surgery, unless under the *surveillance* of a doctor, or in cases of emergency, and they could not exercise their profession out of the district in which they had been examined. .

This outline of the principal laws that have been made since the revolution, to regulate medical education and practice in France, will render some parts of the following sketches more easily intelligible, and spare much repetition. The history of all great institutions is interesting, particularly when the foundation of them embraces plans altogether novel and peculiar; and so much has been written in France upon medical education, that I could readily extend my account of laws, and abuses of laws, to a great length; but my time will be better occupied in exhibiting the actual state of medical instruction at Paris, by a description of what has come under my own observation.

L'ECOLE DE MEDECINE is the only institution in Paris, for granting degrees in Medicine or Surgery, to those who have gone through the requisite forms of study; it is supported at the expence of government, and forms, with the hospitals connected with it, the universal school of public medical instruction.

L'ECOLE DE
MEDECINE.

The courses of lectures delivered last winter, at L'ECOLE DE MEDECINE, from November to April, were

1. Anatomy and Physiology, daily at ten.
2. Medical Chemistry and Pharmacy, three days in the week, at twelve.
3. Operative Surgery, on the three intervening days, at the same hour.
4. Demonstration of Surgical Instruments, every Thursday at one.

Winter
courses of
Lectures de-
livered there

The Professors at L'ECOLE DE MEDECINE have salaries from government, and all the lectures de-

The Lec-
tures public
and gratu-
itous.

livered by them are public: every body can get admittance without paying any fee, or submitting to any ceremony. Those who are found at the lectures, may therefore be divided into three classes.

Different
Classes of
Students at
L'ECOLE DE
MEDECINE.

The FIRST CLASS is the least numerous, and includes those who attend through curiosity, or from a desire of gaining information, without intending to obtain a degree, or to go through a course of education that shall enable them to become candidates for any medical appointment.

Inscriptions
to be paid for
at L'ECOLE
DE MEDE-
CINE.

The SECOND CLASS, are those students who are pursuing their education to obtain the degree of Doctor of Medicine or Surgery, for each of which the same education is required. They are obliged to take *inscriptions*, or tickets, for all the lectures, which occupies about four years, as, they can be inscribed for one course only at a time, and take a fresh *inscription* but once in three months. The expensè of being inscribed is from twenty-five to thirty shillings for each course, so that the sum paid for all the inscrip-

tions during the four years, amounts to little more than twenty pounds. These students have no privileges over the first class, except being able to ask for a degree at the end of four years. They must be present at the commencement of every three months, to take a fresh *inscription*, but their attendance on the lectures delivered at *l'Ecole de Medecine*, or at the hospitals, is voluntary, and the only inducements for them to attend, are the examinations they are obliged to undergo, previous to being admitted to their doctorship. The examinations are five in number; all of them are public, and two of them are conducted in the Latin language. The first examination is on anatomy and physiology; the second, on pathology and nosology; the third, on materia medica, pharmacy, and chemistry; the fourth, on *hygiène* and *Medecine légale*: these are the same, whether the candidate wish for a degree in medicine or surgery. For a degree in medicine, the fifth examination is on “ *clinique interne* ;” in surgery, on “ *clinique externe* .” Besides these examinations, the candidate has to write a thesis on some medical

Examinations for obtaining a degree at
L'ECOLE DE
MEDECINE.

or surgical subject, and to defend it in the public theatre. The expenses for the examinations are the same for either degree, and amount to about twenty-five pounds (five hundred *francs*).

Salaries of
the Profes-
sors at
L'ECOLE DE
MEDECINE.

The income arising from the *inscriptions*, examinations, and reception of this class of students, is divided amongst the professors, and forms an eventual salary, which they have in addition to the fixed salary (five thousand *francs* per annum) received from government. The more respectable students, who have some property at their disposal, follow this course of education; and notwithstanding the imperfection in one respect, that there is no adequate provision against the neglect of attendance in those who take their *inscriptions*, the examinations are so good, and so well conducted, that few young men, I am inclined to believe, present themselves to obtain the degree of doctor, without being well informed of the profession which it authorizes them to practise.

The THIRD CLASS who attend the lectures at L'ECOLE DE MEDECINE cannot be understood, until I shall have explained what is meant by *l'Ecole pratique*, of which they form a part.

L'Ecole pratique, includes the Professors of L'ECOLE DE MEDECINE, the Surgeons and Physicians of hospitals, demonstrator *en chef*, *prosecteurs*, and assistants of the anatomical school, and what were formerly called national students,

*L'Ecole
Pratique.*

or *les eleves de la patrie*, who are practically employed as assistants to the professors, in the dissecting rooms, or in the hospitals. These students of *l'Ecole pratique*, are received after

Students of
*L'Ecole
Pratique.*

an examination *au concours* by the professors; they are examined regularly to shew their progress in their studies, and are admitted to be candidates for annual prizes which are bestowed on the writers of the best dissertations, &c.

Besides these means to insure their attention to their studies, and incite them to make great exertions, they have other advantages; they are exempted from paying for their *inscriptions*, as well as for their doctor's degree in medicine, or

Privileges of
the Students
of *L'Ecole
Pratique.*

surgery, which is given to them, gratis, after the regular course of study, and the examinations which I have explained in speaking of the second class.

These *elevés de l'Ecole pratique* therefore, compose what I mean by the third class of students, to be found at the lectures of L'ECOLE DE MEDECINE. They are students who have little money to pursue their education, or who are intending to become medical officers in the army and navy, to which they are admitted after a longer or shorter course of study, according to the need of them, or the proofs they give of advancement in their profession, without having taken their doctor's degree.

It appears an admirable system, that renders instruction upon a science so noble and useful as medicine, accessible without expense; but it is a system open to many objections. What is gotten for nothing is very little valued, and professional rank is lowered in proportion as the expense of attaining to it is diminished. The

French certainly have put in execution, a plan which has often been speculatively proposed by others, in prescribing the same course of study and examination to the physician and the surgeon, and in granting to each the degree of doctor, and equal privileges in practice ; yet in doing this, they have rendered the two branches of physic and surgery less distinct. A doctor often exercises, in France, both physic and surgery, although ordered by law to confine his practice to the branch of the profession in which he has taken his degree.*

There is another thing besides the cheapness of pursuing medical education, which has contributed to increase the number of students in France, and overload the public with medical practitioners. Those who had followed a certain

* Doctors in Medicine or Surgery are alike prevented from dispensing medicines; they can therefore only practise in cities or large towns; and the inhabitants of the country are entrusted to the *Officiers de Santé*, who, as I have already explained, may have their licences without going out of the district in which they were born.

France over-
loaded with
Medical
Practition-
ers.

course of medical studies, and were still following it, were exempt from the *conscription*; and therefore young men, at sixteen years of age, began for this purpose, to study a profession, which cost them almost nothing, and saved them a great deal.

The students of *l'Ecole pratique* are received with too little attention to their previous general education; full scope is however given to young men of talent, and all impediments from obscurity of birth or want of fortune removed. Why then do we not find the medical men of France far outstripping those of other nations?

The students of *l'Ecole pratique* have a great privilege in being afterwards enabled to become candidates for the higher offices in the school, to none of which are those eligible who were merely common students, and paid for their *inscriptions*.

Election of
the Officers
of L'ECOLE
DE MEDE-
CINE.

The manner in which all the officers of L'ECOLE DE MEDECINE are elected, is so excellent, that

it would counter-balance a thousand objections against the whole present form of medical education in France; and I shall endeavour to set forth this point of excellence, by explaining the method in which the office of * *Chef des Travaux Anatomiques*, not long ago vacant, was bestowed. It will be an example of the plan, according to which all the appointments of *Prosecteurs*, *Aides d'Anatomie*, &c. are conferred.

The office of *Chef des Travaux Anatomiques*, was declared vacant by public advertisement; every person of twenty-one years of age, or upwards, who had formerly been received as an *eleve de l'Ecole pratique*, was invited to become a candidate; and the list of candidates was closed fifteen days before the commencement of the public *concours*. A jury of seven of the Professors of the Faculty of Medicine was

Appoint-
ment of *Le*
Chef des
Travaux
Anato-
miques.

* This situation is next to a professorship, and two of the most eminent Professors of the "*Faculté de Médecine*" at present (Dumeril & Dupuytren) were in succession "*Chefs des Travaux Anatomiques*."

to decide on the merits of the candidates, and confer the appointment. The candidates, who were four in number, submitted to three methods of trial, by some of which, each might shew the extent of his acquirements.

FIRST trial, by giving written answers to questions proposed by the Professors. The first thing required was to explain the anatomy and physiology of the ear, and six hours were allowed the candidates to prepare their answers. The second, to be answered in four hours, was a description of the organ and sense of smelling. Five days were given to each of the candidates to answer the third proposition “ to
“ take a general survey of the duties of the
“ situation they were contending for, in order
“ to render it at the same time useful for the
“ instruction of students, and the advancement
“ of science.”

SECOND trial, by making anatomical preparations, and performing operations in public. For the former purpose, each candidate was

requested to present, at the end of fifteen days, the following preparations; 1. the internal maxillary artery; 2. the vena azygos, subclavian veins, and the lymphatic trunks, which empty themselves into the latter, injected with solid matter; 3. the course of the great sympathetic nerve on one side of the body. The public operations required to be performed were, 1. for fistula lachrymalis by incision into the sac; 2. amputation at the shoulder joint; 3. partial amputation of the foot according to Chopart's method.

THIRD trial, by verbal answers to questions, or by lectures on proposed subjects. Twenty minutes were granted to each candidate, to give a short demonstration of the anatomical preparations made by his competitors, and to offer what critical remarks he chose upon them; and twenty minutes were also allowed, for each to give a lecture on "the nasal canal, the diseases to which it is liable, and the operations which may be required to relieve them."

All these *sujets d'épreuve* had been drawn by lot, from a considerable number of others, proposed by the professors who composed the jury; and the contest lasted for above two months.

THE Professors at L'ECOLE DE MEDECINE are punctual in their attendance, and some of them are so engaged in giving lectures, examining candidates for degrees, appointing the students of *l'Ecole pratique*, attending medical societies, and visiting the hospitals, that almost all their time must be occupied in these public duties, and private practice, in some measure, sacrificed for the laudable purpose of teaching. Much care is given to the preparations for lecture, and the anatomical dissections are clean and elegant. The lectures are tediously minute on some points; like the French systems of anatomy, they are good in the description of what comes under osteology, myology, neurology, &c. but deficient in the kind of anatomy that has been so much studied and taught in England. The French have indeed no original work in their own language treating of surgical anatomy, and taking a practical view of all the parts concerned

Anatomical
Lectures at
L'ECOLE DE
MEDECINE.

in important operations.* The anatomical lectures are defective in the minute structure of organs, of which they have hardly any preparations in their museum. But where is the utility of giving minute anatomy to a class of above a thousand students?

M. Dupuy-
tren's Lec-
tures on
Operative
Surgery.

No lectures at L'ECOLE DE MEDECINE are so numerous attended as those on *Medecine Operatoire*, by M. Dupuytren. At his lecture on the operation for inguinal hernia, there were about twelve hundred students, the greatest number that the theatre can contain. Six subjects were placed on the table. In previous lectures he had given the pathology of hernia, and the treatment to be employed before having recourse to the operation. He commenced this lecture by demonstrating the external view of the anatomy of the parts concerned in this species of hernia, rather according to Scarpa's

* The French translations of Scarpa are the only works they have of this sort. Cooper on hernia is known only to a few who read it in the original. Lawrence on hernia is about to be translated by M. Beclard.

account of it, and without any reference to English authors as to fasciæ, &c. On a second male subject he shewed the internal view. Dissections of the same parts in the female were next described; and he had a male subject dissected, who had laboured under inguinal hernia at death, to shew the relative anatomy of the parts in the morbid state, before he proceeded to “ the method of performing the operation.” But I must confess that I have seldom learnt less from any good practical lecture than I learnt from this. I was too far off to distinguish well what I saw, or comprehend what I heard; and I returned home with a feeling of regret, that what is grand should be so far remote from what is most useful.

Dupuytren, in one of his lectures on hernia, described a singular case which I had never heard of before, and which he seems to have met with more than once. He introduced the description of it in speaking of the treatment of the epiplocele, where the sac was laid open by the operation. “ If there be much adhe-
 “ sion of the epiploon, and the stricture has

Singular
consequen-
ces of the
operation for
Hernia.

“ been freed, you may leave it in the sac
 “ rather than detach the firm adhesions. But
 “ sometimes, in very corpulent subjects, with
 “ entero-epiplocele, where the epiploon was
 “ overloaded with fat (*surchargé de graisse*),
 “ after the operation had been performed, and
 “ the protruded intestine reduced, the epi-
 “ ploon having contracted extensive adhesions
 “ to the sac, and being no longer strangu-
 “ lated, has been left *en dehors*. The por-
 “ tion of epiploon thus left, has undergone a
 “ kind of decomposition, (without inflammation,
 “ without gangrene), and oily globules have
 “ constantly distilled from it; an oily fluid, of a
 “ rancid odour, has continued to be furnished
 “ by the over-fat epiploon within the abdomen,
 “ and been discharged through the wound made
 “ at the time of the operation. The patient
 “ has sunk, gotten into low fever, and died,
 “ from the long continuance of this oily dis-
 “ charge.* In cases, therefore, where the epi-

* Perhaps this case has happened in the practice of the
 French Surgeons from the after-treatment of the wound
 made by the operation, effectual means being taken to pre-
 vent union by the first intention.

“ ploon is thus *surchargé de graisse*, less dan-
 “ ger is to be apprehended from breaking
 “ through the adhesions which it has formed to
 “ the sac, than from leaving the protruded and
 “ adhering portion unreduced.”

A part of all elementary lectures is unin-
 teresting to the advanced student, although the
 whole of them may be necessary and useful to
 students in general. To hear a professor begin-
 ning his lesson on the masticating organs, by
 telling that the mouth is composed of “ an ex-
 “ ternal opening, and an internal cavity,” ex-
 cites little interest; and it is tedious to listen to
 a lecturer, who spends an hour on the method of
 opening a cranium, with all the apparatus of
 saws, hammers, and chissels, to get a view of
 the brain; and who talks much about what he
 has seen take place from opening the head by
 violent means. “ Le sang par la commotion est
 “ forcé dans les petits vaisseaux, et quand on
 “ ouvre le crâne on dit qu’il y a des signes d’in-
 “ flammation ou de veritables épanchemens san-
 “ guins; cependant ceci ne provient que de la

M. Chaus-
 sier's re-
 marks on
 opening the
 cranium, &c.

“ manière qu'on a employée pour l'inspection
 “ du cerveau, &c.”

Different
 modes of
 opening
 bodies.

For exposing different cavities of the body, I saw several plans that were new, and out of the common way; but many of them would be inadmissible in the cases of private patients in this country, and require instruments that will seldom be found at hand. One method of opening the cranium, was by trephining it in four places, introducing a flexible spatula through the trephined holes, so as to detach the dura mater, and then removing the skull-cap by sawing the cranium from one hole to the other. One of the best plans, was examining the thorax or abdomen posteriorly, by removing parts of the spine; a practice I had found the advantage and necessity of adopting in some instances, to obtain the best view of morbid parts. But, in fact, any slight variations from the common methods of opening bodies, will be readily suggested by the ingenious surgeon; and what I have mentioned, can serve no other purpose than to shew how unnecessarily minute French

teachers are in some parts of their lectures.

Most of the new plans of M. Chaussier were calculated to procure views of internal parts by deranging them as little as possible, and had reference to legal medicine, which has been greatly attended to in France of late years.*

Medical
Jurispru-
dence much
attended to
in France.

It is much to be lamented, that in London, whose great medical schools are annually sending into the world an immense number of young men, who will have to decide on the most puzzling cases, and to give an opinion in courts of justice, no lectures are delivered expressly upon this subject; and all that the student can gain respecting it, is from the lectures on Anatomy, Materia Medica, or Midwifery, the courses of which are given in too short a time, to allow of

* The ablest lawyers allow, that the " Code Napoleon" is a fine body of jurisprudence, and the parts of it which relate to " legal medicine" are not the least valuable. The French can boast of several works on this subject; the best and most complete is, " Foderé Traité de Médecine Légale et d'Hygiène Publique," 6 vol. 8vo.

medical jurisprudence being much dwelt upon by the professors.*

* Since I returned from Paris, I find that Dr. Harrison has advertised his course of lectures on “ Materia Medica “ and Medical Jurisprudence,” at the Windmill Street Theatre, during the present summer.

I WAS much more surprized than pleased by the MUSEUM of L'ECOLE DE MEDECINE, which contains little to excite the admiration of a person who has given the least portion of time to the cultivation of the minuter parts of anatomy. In regard to skeletons, dried diseased bones, coarse blood-vessel preparations, dissected or corroded, nothing is wanting. There are examples of the two great trunks of the lymphatic system injected, and a few dissections of the nerves of the neck, thorax, and abdomen, in spirits; but, with the exception of fœtuses and monstrosities, this museum does not contain thirty preparations preserved in spirit, whether of morbid or natural parts. There is not one moist preparation of the minute structure of the organs of hearing, the eye, the nose, the viscera, &c.; nor a mercurial injection of the absorbents or excretory duct of the testicle. To conclude, however, that the anatomical lectures at Paris, are what those delivered in London would be

MUSEUM of
L'ECOLE DE
MEDECINE.

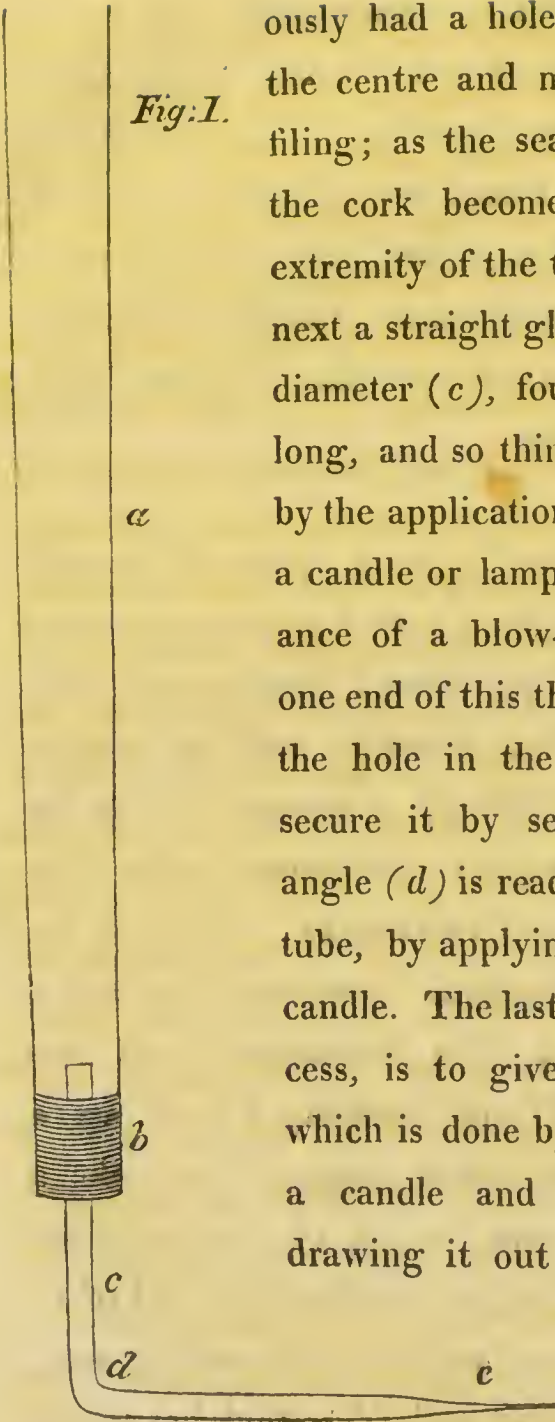
without preparations and dissections preserved in spirit, would be erroneous; because, for the former, much more trouble is taken to make recent dissections for lecture, and there are more able assistants and better dissectors at L'ECOLE DE MEDECINE than at the London Schools. But it is impossible wholly to supply the place of minute injections and preparations. How are we to shew the progressive steps in the formation of bone, without their assistance; the commencing vascularity of soft cartilage, the shooting of considerable vessels into it, when bony matter is beginning to be deposited? The minute structure of the eye may be described, but can never be demonstrated without injected preparations. Can the want of these indeed be more forcibly proved, than by the scepticism of some Parisian Anatomists of the present day, as to the existence of the central artery of the vitreous humor in the fœtus? We know well that to inject it in the young fœtus, and shew it beautifully ramifying upon the posterior capsule of the lens, after passing through the midst of the vitreous humor, is not the greatest task that

Utility of
minute in-
jections.

the anatomist has to accomplish; and in the foetus of five or six months old, it may sometimes be seen on dissection, filled with blood, and evidenced without being artificially injected. Yet, as far as I could find, there is no Museum in Paris which contains an injected preparation of this artery, to convince those who are doubtful of its existence.

It is impossible in every course of lectures, to inject the lymphatic system so as to supersede preparations. The French anatomists, however, do inject them annually, and they seem to think that the difficulty is lessened by the employment of Dumeril's instrument, rather than Vicq. d'Azyr's, or Cruikshanks'. Through the kindness of M. Beclard, I witnessed the various steps in making this instrument, and also saw it employed; and therefore I shall say a word on each of these points. You take a glass tube of the size (*a*, *fig. 1*), and from ten to fifteen inches long; you heat one end of it, cover the inner surface of it with sealing-wax, and then introduce a cork (*b*) which has previ-

Dumeril's
instrument
for injecting
lymphatics.

Fig. I.

ously had a hole bored through the centre and made smooth by filing; as the sealing-wax cools, the cork becomes fixed in the extremity of the tube. You have next a straight glass tube, of the diameter (*c*), four or five inches long, and so thin that it softens by the application of the flame of a candle or lamp, and the assistance of a blow-pipe; you put one end of this thin tube through the hole in the cork (*b*), and secure it by sealing-wax: the angle (*d*) is readily given to this tube, by applying the flame of a candle. The last part of the process, is to give the point (*e*), which is done by heating it with a candle and blow-pipe, and drawing it out into a capillary

tube. If the very extremity of it be hermetically closed, you break or clip a piece of it off, until you open the capillary tube. The tube is so minute, and the point so fine, that you can penetrate the lymphatic with it at once, and have no need to open it with a lancet before attempting to introduce the instrument. You can vary the size of the stream of mercury, by breaking off more or less of the fine extremity; and by softening the glass by a candle and blow-pipe, you may vary the angle of the tube at (*d*) so as to suit it to the position of the vessels you are wishing to inject. The extremity being so fine, is liable to break off frequently, but with the flame of a candle you readily form a fresh one; and it is an advantage to have the portion of the fine tube, from (*d*) to (*e*), as long as is not inconvenient, because as often as the point breaks off you can renew it, until you come to the angle (*d*). This instrument injects readily the lymphatics of the liver, or the lacteals; but I thought it possessed no advantages over others for injecting the lymphatics of the extremities. It is better calculated for quickly injecting a few

lymphatics to exhibit at lecture, than for making preparations that are intended to be preserved. The liability to spill the mercury, by breaking off the extremity, is one objection to it: you have no command over the stream of mercury, but by holding the instrument towards a horizontal position; and the mercury necessarily begins to flow, before you have penetrated the vessel you wish to inject. Dumeril suggested a method of removing this inconvenience, by putting a small tube of gum elastic at (c) instead of the fine glass tube, that the flowing of the stream of mercury might be stopt by compressing it between the finger and thumb.

The preserving of dissections of natural and morbid parts in spirits, is so little practised in Paris, that one might almost venture to say, that the art of doing it is nearly unknown there; and the French have few minute injections to shew, that would eclipse the productions of anatomists who lived before Ruysch came into the world. There are no valuable private museums in Paris; all are public property, and from this circum-

stance, we may trace the source of the imperfections I am describing, since every individual will work for himself with more interest and zeal, than for the public. Dumeril, in his Essay "*sur les Moyens de Perfectionner l'Art de l'Anatomiste*," concludes by giving a judicious list of the preparations useful and requisite in an Anatomical Museum; but it is a list of what are not to be found in the MUSEUM of L'ECOLE DE MEDECINE.

In the Museum of Comparative Anatomy at the "*Jardin des Plantes*," which has been chiefly formed by the labors of Cuvier, there are no minute injections, and the most valuable parts, that might serve to explain the many discoveries he has made, and the descriptions he has given, are lost for want of being displayed. They are lying at the bottom of bottles, half filled with dirty spirit, covered over with ground glass, and closed by putty; to allow of their being taken out and examined at the time of lecture. Nothing is in good order but the skeletons. The French anatomists do not, in

Museum of
Comparative
Anatomy.

short, think it worth while to give attention to macerating preparations well, and displaying them in clear spirit, an art which is at present carried to considerable perfection in England, and makes collections in morbid or natural anatomy so valuable to the possessor, and useful to the student.

Whatever the MUSEUM of L'ECOLE DE MEDECINE contains, however, students have the opportunity of taking advantage of, by free access to it, which renders it more useful for the purposes of instruction, than some grand museums in our own metropolis. Strangers can get admitted at all times, and it is open to the public three days in the week.

Model Room
of the Mu-
seum at
L'ECOLE DE
MEDECINE.

The rooms filled with models in wax, attached to the Museum, are most beautiful, and there is nothing in the London Museums to be compared with them, except those which Mr. C. Bell has in Windmill Street. Modelling is an art which has been much cultivated since the establishment of L'ECOLE DE MEDECINE. It is

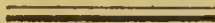
the best way of giving an accurate representation of morbid appearances; and models of the ear, the eye, the cerebral nerves, &c. after accurate dissections, and upon a magnified scale, are certainly better calculated to be exhibited to immense classes of students, than the original minute dissections themselves.

There is a room connected with the anatomical museum, filled with ancient and modern surgical instruments, bandages, &c. and another containing a collection of medicinal substances for the lectures on the *Materia Medica*.

Collection of
Bandages
and Instru-
ments.

There is also an extensive library at L'ECOLE DE MEDECINE. The students of *l'Ecole pratique* have privileges above others with respect to the use of the books, but the library is open to all classes of medical students three days in the week.

Public
Library.



L'HOSPICE
DE PERFECTIONNEMENT

L'HOSPICE DE PERFECTIONNEMENT

is contiguous to *l'Ecole de Medecine*, and the uses to which it is applied are somewhat different from what was intended at its first establishment.* The only patients received there at present, are those requiring surgical operations. There are two wards for male patients, containing above twenty beds, and one for females, containing twelve beds.

Clinical lectures are advertised to be given at this hospital daily from seven till nine; but M. Dubois, the chief-surgeon, seldom arrives till the latter hour, and gives no formal clinical lectures, merely making a few remarks during his visit, on the cases he thinks worthy of them.

* See page 3. It seems that in 1803 L'HOSPICE DE PERFECTIONNEMENT was still used for making clinical experiments. Dr. Joseph Franck, in his "REISE nach PARIS, &c." mentions experiments which he witnessed with Seguin's remedy for fever at this hospital.

Three days in the week are fixed for operations, which are performed after the surgeon's visit to the wards; and on the intervening days, out-patients receive advice, in a way well calculated to benefit students. They are seen in the operating room, which is a large theatre, and M. Dubois makes amends for the shortness of his clinical lecture, by his observations on the cases of externe patients. The students hear the histories which the patients give of their complaints, as well as the remedies ordered by M. Dubois, who dictates loudly to three or four amanuenses in attendance to write down his prescriptions. There is commonly a great crowd of students and out-patients; these are seen with great advantage, and in the shortest possible time, such good order being kept as to procure dispatch without hurry or neglect.

M. Dubois' visits and clinical lectures.

I certainly heard some rather extraordinary doctrines of practice delivered at these *consultations* for out-patients. For example, a child, seven or eight years old, was brought thither, with an eruption covering almost the

*Une bien-
bonne
Eruption.*

whole of the scalp, and which had existed from birth. Without any assigned reasons it was pronounced not to be tinea, but “ *une bien bonne Eruption,*” that ought not to be cured, and to attempt which would be dangerous.

Morbid Dis-
sections at
L'HOSPICE DE
PERFECTI-
ONNEMENT.

The morbid dissections at L'HOSPICE DE PERFECTIONNEMENT are made publicly in the operating room, after the morning visits to the wards, and before the students leave the hospital. The way in which they are conducted is worthy of universal imitation. A woman died after suffering the operation for a large strangulated exomphalos. A history of the case previous to the patient's coming into the hospital, of its progress after admission, and of the treatment that had been adopted, was well drawn up and recited to the whole class of students, by M. Patrix.* A large mass of omentum was found in the sac,

* M. Patrix is a sort of resident assistant Surgeon. M. Petit Radet is Surgeon to this hospital in conjunction with M. Dubois, but I never saw him there. All the dressings of the patients are performed by two boys, and are done with great neatness and attention.

adhering to it, and which it was impossible to reduce at the time of the operation, *although the sac had been opened.*

Notwithstanding the preserving of morbid preparations is little attended to, morbid anatomy is a branch of study by no means neglected in the French schools; much care, on the contrary, is given to improve the opportunities of teaching it to students. On another occasion, the history of a patient who had died with psoas abscess, was written down, and repeated previous to the dissection of the body. The cavity of the abscess was traced under Ponpart's ligament, along the course of the psoas muscle, and its connection, in this case, with disease of the vertebræ, was shewn clearly enough to nearly an hundred students who were present. Nothing is more useful than these histories of, and comments upon cases, and these "*demonstrations*" of morbid parts; and I can hardly express how much pleasure I felt at seeing these things so well conducted.

All the business of this hospital is finished before the lectures commence at *l'Ecole de Medecine*. Those who are wishing to graduate, must take out *inscriptions* for the clinical lectures ; but all students have access to the wards of the hospital, the lectures, the consultations for out-patients, the surgical operations, and the morbid dissections, without expense.

Arsenical
Paste em-
ployed by
M. Dubois.

The “ *pâte arsenicale* ” is a favourite application of M. Dubois*, and one which he is very often employing for cancers of the penis and all obstinate sores. He says, he has applied it to ulcers of the nostrils, of the mouth, and even of the tongue, taking care at the same time that none of it is swallowed by the patient ; and after fifteen years of experience, he adds his opinion of its great efficacy to Sabatier's, who also employed and recommended it.*

* The French formula for the “ *pâte arsenicale* ” is, seventy parts of cinnabar, twenty-two of sanguis draconis, and eight of oxyd of arsenic. These are made into a powder, which you form into a paste with saliva at the time of applying it.

This caustic is not employed merely by M. Dubois, but is much valued by other Parisian Surgeons in cancerous affections. The pain and inflammation that succeed the use of it cannot be equalled by the severest operation with the knife. An ingenious writer has accounted for its not affecting the constitution by absorption when thus applied, from the lymphatics experiencing “a state of erethismus” which takes away their inhaling powers.* He candidly afterwards gives us a case in which he believes that death was occasioned by the absorption of the poison. The day after the paste was applied, the patient complained of colic, and severe vomiting, and in two days perished in convulsions, “*et les plus vives angoisses*”. The body went quickly into putrefaction. The internal coat of the stomach, and a great part of the intestinal canal, were inflamed, and marked here and there with dark spots. Just before I visited Paris, I dissected in London a woman

Fatal Effects
from Arseni-
cal Paste.

* Roux, Nouveaux Elemens de Medecine Operatoire.
Tome I. p. 62.

who died under similar circumstances, and where the same morbid appearances were presented. In the very early stage of a cancer of the breast she had entrusted herself to the care of a quack, who, *after bringing it to a sore*, applied a red powder that produced immense sloughs. She was corpulent and in good health, but on the second day after one of these applications of the powder, she fell a sacrifice to the cruel treatment of this murdering empiric.

The French surgeons however employ the arsenical paste much, and without meeting with any ill effects.

THE DISSECTING ROOMS of *l'Ecole de Medecine* are situated behind *l'Hospice de Perfectionnement*. They were built soon after the establishing of *l'Ecole de Santé*, and are buildings better suited to the purpose than any I have ever seen. There are six distinct buildings, of the same size, at a short distance, and wholly detached from each other. Each building is a single room, large enough to contain about twenty dissecting tables.*

DISSECTING
ROOMS of
*l'Ecole de
Medecine.*

The *Chef des Travaux Anatomiques* is the head officer of this establishment, and has the directing of the whole business. The bodies are obtained from the hospitals, and are delivered for dissection on the *mandat* of the *Chef des Travaux Anatomiques*, or the Professors of *l'Ecole de Medecine*.

* One of them is used for injecting subjects, &c.

From the students of *l'Ecole pratique*, *prosecteurs* and anatomical assistants are appointed, whose duty it is to attend in each dissecting room, to direct and assist the students, to inject the subjects, and to prepare the dissections for lecture or demonstration. The plan of the dissecting rooms is calculated to obviate all ill consequences from the want of free ventilation, and subjects are hardly suffered to remain in the rooms long enough to be well dissected and explored. The police forbids dissections being carried on during the summer months; and *resurrectionizing* is neither permitted nor required.

I have already observed that "*les Eleves de l'Ecole Pratique*" dissect without expense. They have also the preference of subjects, when there happens to be a deficiency. As to those students who are looking to a medical degree by paying for their *inscriptions*, they are not absolutely required to have been practically engaged in dissecting at *l'Ecole de Medecine*, and if they do so, it is in their own de-

fence, in order to answer at their examinations for a degree. All students however are allowed to dissect, at a very trifling expense, at *l'Ecole de Medecine*, when there are bodies enough supplied by the hospitals; and a whole body does not cost them more than six or seven shillings.

Expenses of
dissecting at
*L'Ecole de
Medecine.*

From the feeble execution of one part of the plan of these schools, students are actually at a loss for persons to direct them in their pursuits. Bodies are too plentiful, and obtained at too low a rate, to be properly valued; and consequently most of them are rather *cut up* than dissected. Boyer's is the anatomy almost exclusively employed in the dissecting rooms; and in the dissections made by the mass of students, attention is paid to every line of the dry accurate description which he has given, without any practical views. They search, with as much eagerness and as little meaning, to find every attachment of a muscle, every fibre, every tendinous portion that Boyer has described, as a child tries to put together a dissected map, ac-

according to the plan that is before it, without knowing what the one or the other contains or refers to. They suit their dissections to books, instead of striving to make a book for themselves. I would however not be understood to signify that this method of pursuing anatomy prevails more in Parisian than in any other schools. With us, dry systems of anatomy, which demand no better than the negative praise of containing nothing untrue, are often preferred to those which are enriched with practical views and remarks connected with the anatomical description; a preference founded on indolence and bad taste, and operating much to prevent the diffusion of an useful knowledge of anatomy.

M. Beclard's
Anatomical
Demonstra-
tions.

M. Beclard, the *Chef des Travaux Anatomiques*, gives anatomical demonstrations every day, at two o'clock, in the operating theatre at *l'Hospice de Perfectionnement*. They are public and gratuitous, and include the anatomy and physiology of the human body, performance of operations, pathology, and operative part of

midwifery. The first demonstration I heard M. Beclard give, was on the muscles of the thigh, the attachments of which he traced and shewed on the skeleton, with a degree of accuracy and minuteness that most would think useless. He was excellent upon the action of these muscles, on which he dwelt a long while. He passed by the best opportunities of shewing how intimately a knowledge of surgical operations and diseases is connected with a knowledge of anatomy. He could not help adverting to the situation of the femoral artery, of which he could give but a very imperfect notion, when the muscles were dissected and separated from each other, so as to lose their proper relative situation. He said not a word about the fascia, which connects all the soft parts of the thigh together; which in some measure determines the effect of the actions of these muscles; which is important to be recollected in all diseases of the parts it envelopes; and deprived of which, the muscles and vessels retain no longer the relative situation that they had in the living body, and that it is so requisite to know in amputating,

operating for aneurism, &c. It is dull and useless to teach or study anatomy as a mechanical science, without reference to physiological and practical points. The anatomy, physiology, and practice, must be studied collectively and at once, to render the knowledge derived from our studies interesting and beneficial, and give it a permanent situation in the memory. Demonstrations may be made the most useful kind of lectures, and the man who conducts them in the best way, gains a reputation little inferior to that of the professor whose doctrines he recites. They are less tedious, because freed of the drier parts which are given, and perhaps required to be given, in a regular course of lectures; and I believe that no more zeal is excited in students, no more profitable lessons are received by them, than during a course of well conducted demonstrations.

Opportunities of prosecuting Morbid Anatomy at l'Ecole de Medecine.

An immense field is opened for the useful cultivation of morbid anatomy, by the bodies being obtained from the hospitals; and plans have been proposed for turning it to advantage, by

fixing to the arm of every *cadaver*, a ticket, shewing the hospital, the ward, the number of the bed whence it had been sent, that the relation between the history of the disease, written by one of the hospital students, and the morbid appearances found on dissection, might be traced and recorded in a general account book. If plans were put in execution, as uniformly as a cause operating is followed by its effect, what schools of science would have been produced in France, during the last twenty years! The zeal for anatomy, however, has seldom kept pace with the opportunities of cultivating it, and the greatest improvements have often been made under the least favorable circumstances. At Paris, where comparative anatomy has been so much advanced, the opportunities of prosecuting it, are far less than in London; and on the other hand, the French, with their facilities in obtaining bodies, and their advantages in dissecting all those who die in the hospitals, have certainly done less in human and morbid anatomy, and much less in operative surgery, than the English.

Sub-lecturers at
L'HOSPICE DE
PERFECTIONNEMENT.

AT L'HOSPICE DE PERFECTIONNEMENT, there are two or three small theatres, where sub-lecturers, who have been educated in “ *l'Ecole pratique*,” are allowed to give courses on demonstrative anatomy, physiology, principles of surgery, surgical operations, &c.* at hours not interfering with the lectures of the professors at L'ECOLE DE MEDECINE. These courses are private, and are attended by students who wish to have the benefit of instruction delivered to small classes.

Private Lectures on
Anatomy,
&c.

There are many private lecturers on Anatomy, Materia Medica, Midwifery, Pharmaceutical Chemistry, *Medecine Legale*, &c. in Paris, for whose lectures tickets of admission must be taken, (which cost about a guinea each,) and

* Magendie, Beclard, Marjolin, Pelletan Junr. lecture in this way. Magendie has “ *The Elements of Physiology* ” in the press, and those who know his clear and independent mind, and the papers he has already published, must look forward to a work of originality and much value.

those students who attend them, have no privilege in asking for a degree at L'ECOLE DE MEDECINE, above those who do not. M. Orfila, whose character has of late become so well known, is one of these private teachers, and his "*Toxicologie Generale*," contains the materials of his very valuable course on Chemistry, and *Medecine Legale*. He employed some hundreds of dogs during the last winter, for exhibiting the effects of poisons, which he injects into the stomach, through an opening made in the œsophagus; and afterwards, when the poison begins to shew its effects, he injects the antidote to counteract them, and save the animal.

It appears to me a defect in the establishment of L'ECOLE DE MEDECINE, that there is no professorship of comparative anatomy, and that this is not made a requisite branch of study in a liberal course of medical education. The best opportunity is, notwithstanding, afforded of cultivating this useful science, by the public lectures of M M. Cuvier and Blainville, which are given three days in the week during the

winter season, at “ *le Jardin des Plantes.*” Amongst medical men in general, little taste for the study of comparative anatomy is to be found even in Paris, where, perhaps, the best lectures on the subject in the world are delivered, and are free to every one who wishes to hear them. Comparative anatomy has its enemies, as well as its friends, and the worst that the former can say is, that it is a study yet in its infancy, and is little more than a mere collection of facts, a stock of materials, that are some day or another to be converted into a noble edifice.

Comparative anatomy, however, already ranks high as a branch of science. It has corrected many errors, and established some new doctrines in physiology; it has, by analogy, illustrated the anatomical structure of many parts of the human body; its application to geology, has led to speculations more satisfactory than ancient traditions; and its successful cultivators in our own and foreign countries, are deservedly ranked amongst the first men of the age we live in.

IT would be wrong to omit noticing the school of Pharmacy, for the education of apothecaries,* who are alone permitted to keep shops for the sale of drugs, and dispensing prescriptions. The school of Pharmacy received its present form in 1803, and similar schools were, at the same time, established at Strasbourg and Montpellier. Public lectures are delivered on botany, natural history of medical substances, practical pharmacy, and chemistry. The Juries in the *departements*, who appoint the *Officiers de Santé*, have also the power of appointing country *pharmaciens*, as well as the three *ECOLÉS DE PHARMACIE*; and it is only after eight years of servitude as *pharmaciens*, and after reaching the age of twenty-five, that they can be admitted to examinations on the subjects on which the lec-

Schools of
Pharmacy.

* *Officiers de Santé* are allowed to supply medicines to the patients whom they are attending, but are forbidden to keep an open shop for the sale of drugs.

tures are given, and receive their licence to act as druggist-apothecaries.

Besides what I have already mentioned, there are opportunities of following, at the *College de France*, the *Jardin des Plantes*, and other literary institutions in Paris, gratuitous lectures on geology, mineralogy, botany, chemistry, natural history, and all branches of science, which the medical student, of the most elevated mind, and most liberal education, can wish to pursue.

THERE are no hospitals in Paris, supported entirely by voluntary contributions. The civil hospitals are under the direction of one *central board of administration*, which regulates all the expenses ; and what is not supplied by certain taxes, or by estates given for charitable purposes, is furnished by the government.

L'HOTEL
DIEU.

L'HOTEL DIEU and LA CHARITÉ, are the great general hospitals, and from their central situation, are the only ones, besides L'HOSPICE DE PERFECTIONNEMENT, that are much frequented by students, during the winter season.

The patients at L'HOTEL DIEU, vary from fifteen hundred to two thousand, and generally approach near to the latter number. Besides the wards for medical and surgical patients, there is a ward for the reception of women actually in labour, or suffering abortion. The medical patients are far the most numerous, and

eight or nine physicians are attached to L'HOTEL DIEU. An account of the surgical wards, which chiefly attracted my attention, will give some idea of the whole of this immense institution.

There are only two surgeons appointed to L'HOTEL DIEU; one takes care of all the male, the other of all the female patients, and they change their departments annually. Before I speak of the visits of the surgeons, I must mention *les eleves de l'Ecole Pratique*, who assist in performing the duties of the hospital. *Les eleves externes*, or dressers, are chosen annually by the surgeons and physicians, after undergoing verbal examinations, and writing answers to some proposed questions; these appointments as dressers, which are received without any expense, each student can hold for either one or two years. The number of dressers is not limited; when I was at L'HOTEL DIEU, above an hundred were attached to it, and there is consequently so little for each to do, that it is not an appointment of much value, unless we consider that those who receive it are obliged to attend

Students of
l'Ecole
Pratique
attached to
L'HOTEL
DIEU.

regularly, are students of *l'Ecole pratique*, and can therefore become candidates for higher situations. *Les eleves internes* of the Parisian hospitals, correspond to our *house-surgeons*; they are chosen from among those of the *les eleves externes*, who have held their situations two years, according to the proofs they give of their attainments. *Les eleves internes* are appointed to all the hospitals; the number of them to each hospital is limited, and at L'HOTEL DIEU there are nearly twenty. They have their separate apartments in the hospital, are boarded in it, and have, besides board and lodging, an annual salary of about twenty guineas each. They may retain their situation for two years, and there is a "*Salle de Garde*," at which they take their days of attendance in succession, to receive accidents, &c. In the absence of the surgeons and physicians of the hospital, *les eleves internes* have the immediate care of all the patients. It is these *eleves internes* and *externes* only, whose education is at all attended to, and who take any share in the practical duties of the hospital. All other students are merely spec-

tators; and every one, without fee, ticket, or ceremony, gets admission to the wards of the hospital at all hours, whether to follow the visits of the physicians and surgeons, to attend casual operations, or to examine by himself the state of any patient.

Remarks on
Dressers to
Hospitals.

It is hardly possible to describe this part of the discipline of the French hospitals, without adverting to what occurs in some great hospitals in London. At L'HOTEL DIEU, none of the practical situations for students can be purchased; they are given to those who shew proofs of having attended to their studies. *Les eleves externes*, who merely apply the simplest dressings, are not appointed until after having shewn in their examinations, that they have profited by the gratuitous occasions of witnessing hospital practice; and there is security for a long attendance at an hospital, before they can be chosen *eleves internes*. From the manner in which the civil hospitals in England are supported, no such system as this, perhaps, would be practicable; but an amelioration, in

some respects, might be effected without difficulty. A young man, who has money enough, becomes a *dresser* without reference to his qualifications,* and I have known a youth from the country, who knew nothing of his profession but what could be gained from the use of the pestle and mortar, and who never before entered the wards of an hospital, commence as a dresser to a great hospital in London, and on his *accident-day*, have the first arrangement of a fracture, the dressing of a burn, the examination of a strangulated hernia, or the first treatment of an injury of the head. Whatever patients were admitted on a certain day, came under his care, and I have even seen him daily poking a bougie into the stricture of an irritable and inflamed urethra. A dressership to a large hospital is an office of some importance, and no one should be appointed to it, without having previously at-

* These remarks are only applicable to some of the large hospitals in London. At most of the smaller hospitals students are required to attend some time before they can become dressers.

tended some public school of anatomy, and witnessed for a time the practice of an hospital.

Surgical
Wards at
L'HOTEL
DIEU.

There is but one immense ward at L'HOTEL DIEU, for male surgical patients, and it contains about two hundred and twenty beds. The patients are arranged according to their complaints, fractures, diseases of urinary organs, abscesses, ulcers, injuries of the head, those who have suffered or are about to suffer operations, &c. M. Pelletan had the care of this ward, during my attendance there. In the midst of severe winter, by candle-light, he commenced his visit every morning at seven o'clock, and his arrival was made known to the students by the ringing of a bell. It is true M. Pelletan gave as much attention, sometimes, to a sore finger, or a half-cured simple fracture, that merely required the application of a bandage, as to some important cases; but he did not run through the wards, as if he was thinking all the time of his patients who were expecting him abroad, and of whom he was expecting a good fee. Twice or thrice in a fortnight,

during his visit, and at uncertain days, he called over a list of the dressers and internal pupils attached to his ward, to ascertain who were absent, that they might be reprimanded, or dismissed from their office, if absent beyond a certain number of times. He seldom completed his visit in less than two hours; and at nine he commenced his clinical lecture, after which, he saw the out-patients, who were admitted to receive advice daily.

The clinical lectures, delivered at several hospitals in Paris, constitute one great superiority which they have over those of London, considered as practical schools. The attention of students is directed by them to individual and important cases, to the reasons for the adoption of any particular treatment, and to all that is most deserving of notice in the practice of an hospital. Dessault began to give lectures of this kind at L'HOTEL DIEU, before the establishment of *l'Ecole de Santé*, but it is only since that period that they have been given at the other hospitals. The *clinique externe*

Clinical
Lectures at
the Parisian
Hospitals.

at L'HOTEL DIEU, is now given alternately, by M M. Pelletan and Dupuytren, five mornings in the week during the whole year. These lectures are delivered in the operating room, and they are free to medical students of every class and every country. *Les élèves externes et internes* must attend to assist the professors, and give an account of the patients under their care; and students who wish to obtain a degree at *l'Ecole de Medecine*, must pay for their inscriptions to these lectures, whether they choose to attend them or not.

M. Pelletan, who has all the merit that can arise from a laborious cultivation of his profession, and a zeal for its improvement, is arrived at an age, when few men retain that degree of activity in all the mental faculties, so requisite to maintain good order in an extensive assembly of students, and satisfy them with the clearness and correctness of his lessons. I was much pleased however with the first lecture I heard, from the conviction I felt of the great advantages that must result from the effectual adop-

tion of such a plan, in any medical or surgical school. A patient had died of hydrothorax, in whom there existed piles. The rectum was taken out, to shew the morbid state of it, and the nature and treatment of the disease discussed.* Another patient had died with strangulated inguinal hernia. Half the pelvis had been cut out, including the morbid parts, of which a clean dissection had been made by one of *les élèves internes*, the abdominal mus-

* M. Larroque, to whom I am much indebted, has published a book, *sur les Hémorrhôïdes*, which contains some interesting pathological remarks, although it throws little new light on the treatment of piles. He proves that piles of much standing are not dilated veins, but solid and very vascular tumors, which he has injected with spirit of turpentine and lamp-black; and he concludes that, as in periodical epistaxis, hæmoptysis, hæmatemesis, &c. the bleeding is furnished by *exhalation*, and comes from arteries, not from veins. In examining old piles I have been unable to find any dilated veins terminating in the tumors, but I never injected these, and I had no opportunity of examining M. Larroque's injections, as he had not preserved them. I am however assured of the correctness of M. Larroque's researches, by an eye-witness of them, M. Edwards, whose opinion I value highly, and from whose conversation I derived much pleasure and information.

cles dissected into their different layers, and held out by wires, the condition and situation of the intestine shewn, the relation of the epigastric artery, the sac, the stricture, &c. There was no written history of the cases kept, none produced by the students; the particulars which the professor could not recollect, were supplied by *les élèves externes or internes*, who were allowed to make their remarks, and offer their suggestions.

Surgical
Ward for
Females
at L'HOTEL
DIEU.

There are about one hundred and twenty beds in the female surgical wards, which communicate so freely with each other, that in fact there is only one large ward for all of them. Dupuytren visits it every morning, but is not very precise, as to the hour he arrives, nor the time he spends there. He is, however, rigorously attentive to the feelings, and immediate comfort of every patient, as far as is consistent with the necessary surgical treatment; and his conduct, in this respect, is an example of all that the medical man should be desirous of following.

From the free admission to L'HOTEL DIEU, and the rage that obtains for pursuing surgical, rather than medical practice, the wards are commonly so crowded with students, during the visits of the surgeons, that he who is desirous of instruction, is constantly interrupted by those who wish to see all, and who profit by nothing. Operations are performed with very little ceremony or bustle, and often without removing the patient to the operating room; a plan very considerate to the feelings of the patient, though ill calculated to extend the benefit of the operation to students. It is no uncommon thing for the operation for hernia to be performed during the morning visit to the ward, without disturbing the patient, or removing him from his bed, if the accident be in a state to require it at that time. This was more than once done whilst I was there, but I never saw well the successive steps of the operation. The best cases I witnessed, were where the Surgeon was called to operate for hernia in the evening, on which occasions, through the kindness of one of *les eleves internes*, I was always sent for.

Operations
for Herniæ.

A woman was admitted into L'HOTEL DIEU, at one o'clock, with strangulated crural hernia of the right side. Her age was near fourscore. The hernia had been strangulated nine days, from the beginning of which time she had experienced vomitings; but the vomiting had entirely ceased within the last twenty hours, unless she attempted to take something into the stomach. It was five o'clock when I saw her. The surgeon had been sent for as soon as the history of her case was learnt, and no means had been tried since her admission, to reduce the hernia, or give relief. She had had no stool since the strangulation commenced. The tumor was less than a hen's egg, and gave little pain when compressed. The abdomen was considerably distended and tense; the pulse was about 80, and feeble on account of her age. Dupuytren arrived at six, and after a very slight examination he observed, that all was in "le plus mauvais état," but that the operation was the only thing. He concluded, in short, that mortification had taken place, and the operation been too long delayed; but he did not take into the account, either the pulse or the

countenance of the patient, neither of which indicated it. He commenced the operation immediately, without disturbing the position of the patient, or trying to reduce the tumor. So few pupils were present, that there was hardly a sufficient number of candle-holders and assistants. Dupuytren began by pinching up the skin transversely, puncturing it with the bistoury, and cutting upwards. The first incision thus made, was enlarged at both ends, and another was made that crossed it in the middle, at right angles. The operation was pursued, by dissecting back the four angles of skin. He scratched a hole in the successive layers, covering the tumor, and enlarged it with the seissors, still cutting the parts in correspondence with the crucial incision of the integuments. He was very cautious in these steps of the operation, remarking to us as he went on, that from the time the strangulation had existed, there might be great adhesion of the intestine to the fore part of the sac. At length a small puncture was made into the cavity of the sac, as was shewn by the escape of half an ounce of

fluid. The sac was then laid open, by cutting in four directions from this point, (still corresponding to the first crucial incision) and the intestine, very unexpectedly, presented a favourable appearance, being of a dull red colour. Blood oozed freely through a slight scratch that had been accidentally made upon its surface. Anterior to the intestine, there was a small portion of omentum, which adhered firmly to the sac. A part of the lower and upper portion of the intestine within the abdomen, was pulled down, "to see if it was in a good state." The operator then put his fore finger as far as the stricture would allow, and passing a probe-pointed bistoury beyond the end of his finger, he cut the stricture slightly, in a direction "upwards, and a little outwards." The intestine was readily reduced, but the small piece of omentum was still left in the sac, to which it was adherent. No attention was paid to closing the wound afterwards, and although, from the great laxity and abundance of the skin, the cut edges almost fell into apposition, no care was taken to keep them so.

A thin piece of linen, spread with cerate, and having numerous small holes cut in it, was placed upon the wound; a compress and roller completed the dressing. The patient was ordered a half-pint emollient injection every four hours, and a little wine and water at the same time, on account of her weakness and great age. Shortly after the first injection, there was a copious evacuation, and it was not necessary to repeat it.

Although an erroneous prognostic was given, and too little attention paid to the state of the patient, before the operation was commenced, I never saw it performed with less hurry, nor with more speed. This case did as well as possible. It does not however shew sufficiently the readiness of some of the French Surgeons to have early recourse to the operation.

On another occasion, I was called to the hospital at six in the evening. A woman about forty years old, who had borne several children, had been admitted four hours before. She had

Second Case
of Hernia.

long laboured under an umbilical hernia, which was reducible, productive of little inconvenience, and not the cause of her present symptoms. She had also, for a long time, had crural hernia, which became irreducible two days before, since which she had been occasionally troubled with vomiting, and passed no fæces per anum. She had not been treated surgically by any one before she came to the hospital, to which she was able to walk by herself, although she lived at the distance of a mile. During the four hours she had been in the hospital before my arrival, little or nothing had been done; the house-surgeon had put her into a warm bath for ten minutes, and tried feebly the taxis without success. I found a tumor in the left groin, big as a hen's egg; it resisted the slight attempts which I made to reduce it, but was very little painful when compressed, nor did it give the least mark of being actively inflamed. The patient complained of uneasiness in the umbilical region, more than of the tumor in the groin. She could pass no stool; experienced trifling anxiety, with a pulse scarcely quicker than natu-

ral, and not strong and full, so as to indicate, in any measure, the existence of much local inflammation, or the necessity for bleeding. I waited three hours. The patient had no vomiting whilst I was there, and I went away with a belief that if the surgeon should come, he would not immediately perform the operation. When I returned to the hospital, the operation had been performed, and the intestine, which was found healthy, had been readily reduced. Several stools succeeded the exhibition of an enema, and the patient became quite easy. The dressings were not removed until the fifth morning after the operation. The wound, which had been prevented from healing by the first intention, was then about the size of a dollar, and nearly filled up to a level with the skin by granulations. Linen spread with cerate, and having numerous holes cut in it, to allow the discharge to pass through, was put to the sore, as at the first dressing; then plenty of charpie, compresses and roller. The woman remained about five weeks in the hospital, before the wound was entirely healed.

French Surgeons operate early in Strangulated Hernia.

In all the cases of hernia that I saw or heard of at L'HOTEL DIEU, during my attendance there, the operation was had recourse to, as soon as the surgeon arrived. Where the pulse was strong and the patient in great pain, bleeding was employed; where strangulation had existed long, no means were tried. All attempts at reduction were made by the house pupils, and the Surgeon was merely called to perform the operation. As far as regards the early performance of the operation, therefore, the French may be considered as excellent practitioners; and I believe, that in the practice of the hospitals, you will not be likely to find a patient's stomach loaded with purges, and the operation delayed by the Surgeon, till it is impossible that its performance should be attended with success. Strangulated hernia may as justly be divided into acute and chronic, as any diseases, in which the danger and difficulty are to be estimated from the slow or quick progress of local inflammation. Although it be true, that it is better to perform the operation too soon than too late, the Surgeon who has re-

course to it indiscriminately at an early period, has some reason to be dissatisfied with his own conduct. Medical and Surgical practice always tends to extremes, and the taxis is a very humble method of relieving the strictured intestine compared with the operation.

The examples I have given shew the general practice of the French Surgeons, in the treatment of the wound, after operating for hernia; they hardly ever attempt to unite it by the first intention. A patient of Pelletan's had a large wound in the groin sixteen days after the operation, when it was attacked with hospital gangrene; carbon mixed with *eau-de-vie* was applied; the sloughing did not extend far; the patient was still in the hospital at the end of two months, with a large granulating wound. The intercourse between England and France has been so little, during above twenty years of almost uninterrupted war, that great obstacles have been thrown in the way of mutual improvement: yet it is difficult to conceive, why the good practice of the English surgeons, in the treat-

French
Treatment
of the
Wound
after Opera-
tions for
Hernia.

Attempts of
French Sur-
geons to pro-
cure imme-
diate Union
after Ampu-
tation.

ment of wounds after operations, is not to be found in the French hospitals. To attempt immediate union after amputation, is a practice far from being universally followed in them, and within the last year a Memoir* has been published, to prove the safety and advantage of *sometimes* making the attempt. The author states, that under the common treatment, where the wound is filled with charpie, the cure in the most favourable cases does not take place in less than ten weeks, and is often prolonged to three or four months; whilst in the few instances, in which he had tried a different method, he had sometimes healed the stump in less than three, and always within five weeks. M. Roux, however, adds “ he is far from “ thinking, that to try to effect immediate “ union, can be established as a general practice,

* Memoires et Observations sur la réunion immédiate de la Plaie après l'amputation circulaire des Membres dans leur continuité, et spécialement après l'amputation de la cuisse; lus à la Classe des Sciences Physiques et Mathématiques de l'Institut le 21 Mars 1814, par M. Roux.

“ and that it is applicable to all cases without
 “ distinction.”*

Previous to the Memoir of M. Roux, the practice it recommends had notwithstanding been adopted by some of the Parisian Surgeons, and by the best Surgeons in the army; and M. Percy, in his *rapport* on the above Memoir, mentions an extraordinary instance of success under this treatment. “ Ninety-two patients
 “ suffered amputation of the thigh, leg, or arm,
 “ by the same hand, on the 22d of September,
 “ in the affair at Nurembourg, and eighty-six
 “ of them were cured by the eighteenth of the
 “ following month.”

Great Success of
 M. Percy.

The Parisian Surgeons do not often succeed in their attempts to procure immediate union after amputation, which is to be attributed to other causes, besides the bad air of a large

* “ Néanmoins, je suis loin de penser que cette réunion
 “ puisse être consacrée comme une méthode générale, et
 “ qu'elle soit également convenable dans tous les cas indistinctement.” P. 45 of M. Roux's “ Memoire, &c.”

Some Reasons why French Surgeons fail in their attempts to procure immediate Union after Operations.

metropolis, or of a crowded hospital. Although we have reason, in most instances, to admire their dexterity in the mechanical parts of surgery, they are awkward in applying the adhesive plaster, which is commonly very clumsily and thickly spread upon coarse linen.* To employ means for carrying off heat, and for preventing its accumulation, is often as necessary to insure immediate union, as to adjust the surfaces of the wound, and apply accurately the adhesive plaster; and consequently we may expect the result in cases where the stump is loaded with charpie, compresses and bandages, to be different from what happens in those where it is exposed to the air, with scarcely any covering besides the retentive strips of plaster.

Improved methods of treatment ought, in a great measure, to be valued according to the facility of adopting them, and the frequency of the diseases they are intended to relieve. It is

* *L'hospice de Perfectionnement* is the only place where I saw adhesive plaster tolerably spread.

for these reasons, that the employment of the adhesive strap in ulcers of the legs, ranks deservedly high amongst the improvements in British surgery. Its employment, however, has been very slightly noticed by a French author, whose works have been much read in this country.

“ Un chirurgien Anglais,” says M. Richerand, “ a employé avec succès les emplâtres agglutinatifs, dans la vue de ramener la peau sur la surface découverte par l’erosion ulcéreuse. J’ai fait usage du même moyen, et observé dans tous les cas qu’il avance évidemment de plusieurs jours l’entière cicatrisation. Mais cette terminaison de la maladie *est-elle toujours desirable, et peut-on tenter sans danger la guérison de toutes sortes d’ulcères?* ” *

M. Richerand on the Use of the Adhesive Strap.

* Nosographie Chirurgicale par Richerand. Tom. 1. p. 125, third edition. Although this publication gives an imperfect notion of the actual state of French Surgery, it is the elementary book put into the hands of all the students, and the quotation I have made will shew, that they are not likely to learn much from it respecting the use and advantages of the adhesive strap.

As I never saw cold applications employed in any cases of local inflammation, at the French hospitals, I may be allowed to say, that they are not much used. The Parisian Surgeons, who have lately visited London, seem indeed to have carried back with them very little of what comparatively forms the best part of English Surgery, the treatment of patients before and after operations, the cure of local diseases by constitutional means, the regulating of inflammation by diminishing the temperature of the part affected, and the use of sticking plaster for ulcers, recent wounds, and granulating sores.

Hospital
Gangrene.

The Hospital Surgeons have reason to be doubly anxious to procure immediate union after operations, in order to diminish the chance of hospital-gangrene attacking the wound. When the Allies, a twelve-month ago, were near Paris, the number of patients in L'HOTEL DIEU was double what it is at present, and hospital-gangrene was very frequent. The beds are still too numerous, and carefulness in ventilating the

wards, and strict attention to cleanliness, do not entirely prevent the occurrence of this dreadful disease. I was told by several of the French Surgeons, that they did not rely at all on internal means for stopping the progress of hospital gangrene, and that their experience had proved them to be insufficient, if not wholly inefficacious. Dupuytren, in reply to the account I gave him of the practice and opinions of English Surgeons on this subject, assured me that he had no confidence but in local applications, and that internal remedies alone, as far as he had found, did almost nothing. The same remark has been made in a very recent publication on hospital-gangrene,* although it seems to be rather at variance with its being a constitutional and contagious disease, which the author has admitted. Experience, however, must be trusted to, and the French Surgeons have had abundant occasions of witnessing this disease, in

French Notions and Treatment of the Hospital Gangrene.

* *Memoire sur la complication des Plaies et des Ulcères, connue sous le nom de Pourriture d'Hôpital*, par J. Delpech, 1815.

their civil as well as military hospitals. Vegetable and diluted mineral acids are the local means employed with effect in mild cases. I have already alluded to a case of Pelletan's, where carbon was applied, and the progress of the disease impeded. But the actual cautery is the only mean that has been found effectual, in stopping the fatal progress of bad cases of hospital ulcer, and the iron is applied red hot, so as to produce an eschar on every point of the surface of the sore.

Use of the
Actual
Cautery.

The application of the actual cautery gives insupportable torture, and there is something so apparently barbarous in the use of it, that we should hardly expect the Surgeon would employ it, except where he hopes to save life, or to give great relief. It is however used by the French Surgeons, in many cases, besides the hospital ulcer.* An aged man suffered from a cancer of the lip, which had proceeded

* See Percy's "Pyrotechnie Chirurgicale, ou l'Art d'appliquer le feu en Chirurgie."

so far as to affect the jaw bone. Several consultations were held to decide upon the operation, to which the patient at length submitted. The whole lower lip was removed, and there was nothing left to cover the lower jaw, and close the mouth. At the end of three weeks, granulations, of an unfavourable appearance, and furnishing a very fœtid discharge, had arisen from the cut surfaces, and covered the mental portion of the jaw. The *pommade d'Arseuic* was proposed to be applied, but the following treatment was decided upon in preference. The students surrounded the patient, who was placed on a chair in the middle of the ward, and near him was a red hot cauldron, with irons of different forms, square, round, triangular, and diamond-shaped. M. Pelletan, after brandishing one of these fiery weapons in the air, applied it to the cancerous surface, and kept it there several seconds. He applied four or five of these red hot irons, of different forms, till the whole surface was an eschar. Two days afterwards, the eschar had separated; the whole mental portion of the lower jaw was bare, the

Case in
which M.
Pelletan
used the
Actual Cau-
tery.

mental foramen on one side was exposed, and at the centre of the chin the bone was black, where the actual cautery had reached, and destroyed it. I did not remain long enough at L'HOTEL DIEU, to witness either the exfoliation of the dead bone, or the death of the patient.

Case in
which the
Actual Cau-
tery was be-
neficially
employed.

In one case, I thought the actual cautery was used with good effect. A middle aged woman had a very large tumor of the cheek, formed by a fungus, which originated in the right autrum highmorianum. A part of the malar and superior maxillary bones had been destroyed by the progress of the tumor, but the skin of the cheek remained entire. The tumor was removed through the mouth, by separating the cheek from it on the inside, and a portion of the diseased malar and maxillary bones taken away. The parts of the tumor most deeply situated, and which could not be removed with the knife, were destroyed by the application of four or five red hot irons. Inflammation of the eye, and slight eversion of the lower lid, were the only inconveniences after the operation, and at the

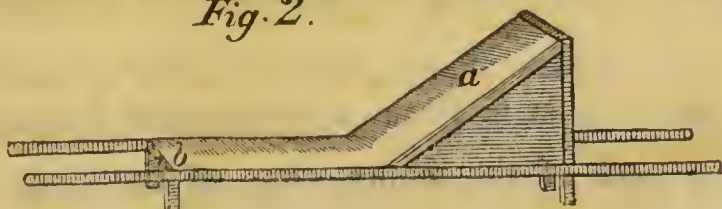
expiration of two months, the patient was perfectly well, with little more deformity than a flatness of the cheek. Three or four fingers could be passed into the immense cavity within the cheek, even to the bony floor of the orbit.

As my object was not merely to see great operations performed, but to look into the internal regulation of the French hospitals, and get acquainted with what is not to be found in books, I used to call at L'HOTEL DIEU, at all hours in the day, whenever I passed that way.

At the first of these casual visits, a man was brought, who had been hurt by the wheel of a carriage passing over his right thigh. The machine, on which the porters carried him up stairs to the surgical ward, was so well suited to the purpose, as to merit a remark. The half of it, (*a*, *Fig. 2*) against which the head and spine of the patient rested, was so much

Example of
the Internal
Regulation
of L'HOTEL
DIEU.

Fig. 2.



raised that he was not at all incommoded in being carried up stairs, the spine approaching to a horizontal posture, in proportion as the lower extremities were elevated with the end (b) of the machine. One of *les sœurs grises* or sisters of charity, who act as matrons in several of the hospitals, assisted and directed the nurses in removing the man's clothes; fresh linen was put upon him; all the bed linen was clean; and attention was paid to the patient's comfort, even to the use of the warming pan. I waited above two hours, after seeing him thus comfortably in bed, before the *eleve interne* on guard came to him. There was no apparent shortening of the limb, and *warm aromatic fomentation* was directed to the bruised part of the thigh. The next morning the limb was considerably shortened. Pelletan, at his visit, ascertained that there was a fracture of the neck of the femur, and carefully applied the proper apparatus, according to the method of Dessault.

Fractured
Neck of the
Femur.

I saw, whilst in Paris, more reputed fractures of the neck of the femur, than of the body of

the bone itself. The French Surgeons talk freely about perfect union after fracture of the neck of the femur, as if it would take place, whatever be the situation of the fracture; whilst the common opinion of English Surgeons is, that no bony union ever follows the fracture within the capsular ligament. A surgeon of celebrity, to whose kindness I am indebted for seeing many things that would otherwise have eluded my observation, was anxious to convince me of the error of the English Surgeons in this point, and therefore he informed me of the death of a patient in his hospital, that I might not lose the opportunity of being present at the examination. The case was a woman near sixty years of age, who had suffered a fracture of the neck of the femur, six months before, and had remained in the hospital since the occurrence of the accident, which was, at length, the cause of her death. This surgeon was so sanguine in his belief of the powers of these parts to effect re-union, that he hoped in this case, notwithstanding the great age and weakened state of the patient, to shew me a frac-

On union by
bone after
fracture of
the neck of
the Femur.

ture of the neck of the femur, perfectly consolidated by bony union. On the capsular ligament, which had apparently not been ruptured by the accident, being opened, the head of the bone (*a*, *fig. 3*) was found separated from the neck, and remained attached to the body only by the ligamentum teres. Not the least attempt at union had taken place, and the fractured surfaces were as rough as we may conceive them to have been the first hour after the accident. The patient had been kept quiet during the six months that she had suffered from the injury; no motion had been allowed in the limb, and there appeared to have been no absorption of the neck, which is mostly found to have taken place, where the parts have been examined at a remote period from the occurrence of the fracture. In several specimens which I have examined in different Museums, whether imperfect union, or no attempt at union at all, have followed the fracture, this absorption has taken place to a great extent, and in some to so great an extent, that the articulating surface of the bone, which plays in the aceta-

Examina-
tion of a
patient who
died from
Fracture of
the neck of
the Femur.

Absorption
of the neck
of the Femur
after Frac-
ture..

bulum, has rested between the trochanters, consolidated to the body of the bone by ligamentous union, and thickening of the surrounding parts, whilst all the intervening neck of the bone has been absorbed.

I spent half an hour in the Museum of *l'Ecole de Medecine*, for the purpose of examining some preparations which the Professors produce at their lectures, to shew that bony union may succeed to a fracture of the neck of the femur. I could find only three specimens where union had taken place, and they were all dried bones.

In the *first specimen*, which presented the appearance of (*fig. 4*) the fracture had taken place in the direction (*a, b*) beginning at (*a*) decidedly in the neck of bone, and within the capsule, but proceeding obliquely, so as at (*b*) to be quite at the base of the neck of the bone, and external to the capsule.

Specimens
of Union by
bone after
Fracture of
the Neck of
Femur, in
the Museum
of *l'Ecole de
Medecine*.

In the *second specimen* (*fig. 5*) the fracture

had taken place from (*a*) to (*b*), and not merely the whole neck, but also a portion of the great trochanter (*c*) had been separated by the fracture from the body of the bone. The bony union was firm and complete. There was abundant exostosis, as I have endeavoured to represent, and three or four holes in the exostosed portions, big enough to receive the little finger. I believe that all this happened external to the capsule.

In the *third specimen* (*fig. 6*) the fracture on the posterior view was evident from (*a*) to (*b*), and the bony union was complete; but on the anterior view, there was no appearance of a fracture having existed; so that it seemed as if the fracture had only extended half way through the neck. In the healthy bone such a partial fracture could, perhaps, not take place, but this was evidently a bone from a diseased subject; it was greasy, and at the same time very light (not half the weight of *fig. 4*), which proved it to be rickety; and the same conclusion might be drawn from the form of the bone.

None of these specimens, therefore, proved to me, that bony union ever follows the fracture of the neck, where the head of the bone, as in the case of (*fig. 3*) becomes insulated, except at its attachment to the pelvis by the ligamentum teres.

There were several examples in the Museum of *l'Ecole de Medecine*, where the fracture had actually taken place in this situation, and where no bony union had followed; but as they might possibly be recent cases, where the patients had died soon after the accident, they would prove nothing to those, whose opinions are not already made up on the subject.

When I returned to London, I brought to Mr. Astley Cooper, a dried bone, which M. Roux sent as an example of union of the fractured neck of the femur. I have given a sketch of it in (*fig. 7 and 8*) which will shew that it is such an example as almost every anatomical museum affords, and that it does nothing in determining the pathological point in ques-

tion between those two eminent Surgeons. The fracture had occurred in the direction (*a, b*), and the great trochanter, as well as the neck, had been separated from the body of the bone. The osseous union, however, in this case was perfect.

The French seem not to have well understood the English Surgeons, who state the case, in which re-union by bone never follows, to be where the fracture is entirely within the capsule, and the head of the bone insulated, except at its attachment to the acetabulum by the round ligament.

Divisions of
Fractures in
the Neck of
the Femur,
according to
their Situa-
tion, &c.

In advanced age, the neck of the femur becomes very narrow by absorption, and the fracture occurring then is frequently at the narrowest part of the neck, or so as to separate the head from the neck of the bone. The fracture mostly met with in young adults, is the whole of the neck from the body of the bone, including often the great trochanter. A fracture commencing in the neck, and extending to

the base of it, or into the body of the bone, forms a third variety. In the two last of these cases, the neck of the bone has connexion with soft parts, is under circumstances common to these, and to other fractures, and perfect union may or may not take place, according to the constitution of the patient, his keeping quiet, or being well treated by the Surgeon; but in the first of these cases, where the head of the femur is under circumstances unlike what are found in any other case of fracture, I have seen no example to convince me of the powers of the system to effect firm and bony union.

Doctor Macartney, of Dublin, has in his excellent Museum a preparation which illustrates well the different powers of the parts to effect union in fracture of the neck of the femur within the capsule, and fracture of the neck from the body of the bone. The subject from which the preparation was taken, was brought into the dissecting room, and therefore nothing is known of the history of the case; it

Double
Fracture of
the Femur.

exhibits a double fracture* of the same bone. One fracture is external to the capsule, separating the neck of the bone and the great trochanter, and union has taken place by a sort of ligamento-cartilaginous substance. The other is a fracture of the neck within the capsule; here no union has taken place at all,† and the greater

* Boyer, in his good work on Surgery, has mentioned his having met with this sort of double fracture; but he makes no remark as to the different progress of reunion, within and without the capsule, in these cases. See “*Traité des Maladies Chirurgicales.*” Tome iii. p. 257.

† Notwithstanding what occurred in this case of fracture of the neck of the femur, it is well established that ligamentous union may follow the fracture within the capsule, and bony union the fracture that is external to the capsule.—Since I arranged the above observations, I have been fortunate enough, by my acquaintance with Mr. Dalrymple of Norwich, to see a very interesting specimen which he possesses of fracture of the neck of the femur. “A man, “seventy-two years of age, suffered this fracture by a fall “upon the great trochanter. After being confined for “eleven weeks in the hospital to which he belonged, he “died. On dissection Mr. Dalrymple found the capsular “ligament entire, and the head of the bone separated from “the rest of the neck and insulated, except at its attachment to the pelvis by the *ligamentum teres*. There was

part of the separated head of the bone has been absorbed. This preparation is minutely injected, the capsule is thickened, vascular on its inner surface, and containing osseous particles in the outer part of it, which, when accumulated sufficiently, would have formed ankylosis.

I mention the management of simple fractures, as one of the least objectionable parts of the hospital-practice of the French Surgeons. They are not anxious to apply early the bandages and apparatus, and they defer doing it so long as there is any swelling or inflammation, for subduing which they employ warm fomentations or poultices. Their splints are generally clumsy, but great care is given to the padding,

Manage-
ment of Sim-
ple Frac-
tures in the
French
Hospitals.

“ no union between the two fractured surfaces; but several
“ distinct bony concretions were attached to the one or the
“ other of them.” The bone is preserved dried; three or
four of these concretions, arising from the surface of the
almost-insulated head of the bone, are about the size of
peas, and one of them is half as big as a nutmeg; they are
brittle, white as chalk when cut or broken; and they are
very light from the calcerous matter having scarcely any
animal substance united with it.

and often long narrow bags of linen stuffed with oat-chaff (*balle-d'avoine*) are interposed between the splints and the limb. Their neatness in applying bandages is remarkable, and they never suffer the apparatus to get loose and lose all effect, before they re-apply it. This excessive degree of attention, which in cases of compound fractures would be perhaps rightly termed officiousness (because these often do so much better when left quiet and seldom meddled with), contributes greatly to the well-doing of simple fractures, which rarely, I should expect, are sent out of the French hospitals badly united.

Position of
the Limb in
Fractures.

Dupuytren in fractures of the thigh or leg, sometimes places the limb in a slightly flexed position. In the practice of other Surgeons I always saw the fractured limb extended, and the patient lying on his back. I was glad to find at the hospitals, so much attention paid to the rules respecting the position of the limb in fracture of the patella, which writers describe well enough, but which I have had opportunities

of seeing too much neglected. A woman who had received a fracture of the patella, was brought to *l'Hospice de Perfectionnement*. Four or five days after the accident, when the swelling and inflammation about the injured knee had subsided, bandages were applied; and I witnessed the re-application of them at the end of ten days. Previous to undoing the bandages, the patient was carefully moved into a fresh bed, by placing the head of the bed in which she was lying against the foot of the other. The beginning of the dressing was, to bandage the leg from the foot up to the head of the tibia, and the thigh from the groin down nearly to the knee, a part of each of these rollers still remaining unused. Then a piece of linen, divided into three strips at one end, was fastened by the additional part of the roller above the knee, and a similar piece of linen was also fastened by the roller below the knee. Compresses dipt in *warm lotion* were laid on each side the patella. The treble ends of the two pieces of linen were intermixed with each other, and pulled in opposite directions so as to approximate, or rather to

Case of
Fractured
Patella.

keep approximated, the two portions of the patella. These pieces of linen being pulled sufficiently tight, were fastened by additional rollers round the leg, and round the thigh. A paste-board splint was put under the knee and calf of the leg; and bags, filled with oat-chaff, were put on each side of the limb, and tied by several tapes, the same as in fracture of the leg. During all this the patient was kept as much as possible in the position she was afterwards to remain in. The heel was well raised by pillows which supported the whole limb; the trunk was raised by a bed chair; and by means of these two inclined planes, formed by the bed chair and the pillows, the thigh was considerably bent upon the pelvis, so as to keep the rectus femoris relaxed. A guard was put over the foot, the same as in other fractures of the extremity.

A more simple apparatus than this will certainly answer quite as well, and is used in some of the hospitals. I have however described the above case thus fully, that I might give an ex-

ample of the attention of the French Surgeons to the proper mechanical position of the body in fractures, a point in which they excel, and to which they attach great importance.

Before the French revolution L'HOTEL DIEU was constantly crowded with above four thousand patients. There were few small beds for containing a single patient. Most of the beds were large enough to hold four or even six persons; and whether in the wards for surgical cases, for fevers, for contagious diseases, for *femmes accoucheés*, &c. four or five patients were commonly put into one bed.* How can we wonder that about the same period, the two most eminent Surgeons in France and England should pursue diametrically opposite modes of practice? that whilst Pott spoke of trepanning as an operation of little danger, and to be performed in all cases of fracture, Dessault almost proscribed its performance in any case?

L'HOTEL
DIEU before
the Revolution.

Treatment
of Injuries
of the Head.

* See Tenon, Memoires sur les Hopitaux de Paris, 1788.

I have already described enough to shew that L'HOTEL DIEU deserves no longer to be called a "storehouse of corruption and disease," language which has been unjustly applied to it of late years. A revolution has taken place in the internal administration as well as in the surgical practice of this institution. The practice of Dessault with respect to trepanning is not at all followed at L'HOTEL DIEU, nor any other hospital.

Case of Injury of the Head, and Trepanning.

A woman, about forty years old, suffered a fracture of the sternum, clavicle, and two ribs, and at the same time had a small portion of the right parietal bone denuded, but without depression or fracture. She had no symptoms of concussion or compression when brought to the hospital. Blood was taken from the arm three or four times during the first few days after the accident, and the woman appeared to be going on as well as possible. At the end of fifteen days, however, the wound assumed a bad appearance, and the patient began to experience shiverings, pain in the head, tinnitus aurium

and occasional vomiting. These symptoms continued four days, when the patient was very debilitated, with small quick pulse, anxious countenance, dry and dark coloured tongue, and a stomach unable to retain any thing taken into it. Dupuytren at this period applied the *trepan*, removed the bare discoloured portion of the parietal bone, and gave discharge to two or three tea-spoons full of pus, which was confined between the dura mater and cranium. The patient was relieved of all distressing symptoms, experienced no more shivering fits nor vomiting, slept well the next night, and soon recovered strength and health. The healing of the scalp was retarded by a slight exfoliation.

I witnessed two other successful cases of trepanning, in one of which there was fracture with considerable depression, but no symptoms to urge the immediate performance of the operation. The trephine seems to be scarcely ever used.

Other Cases
of Trepan-
ning.

The only fatal case I saw of injury of the

head was at *l'Hospice de Perfectionnement*. The patient was admitted on the twentieth of January, with fracture and depression of the frontal bone. She had hardly recovered from the concussion attending the injury, but was sensible, and not labouring under any evident symptoms of compression. Dubois applied the trepan, and raised the depressed portion to its proper level. The wound was dressed daily with lint and common cerate. On the evening of the sixth of February this woman, who seemed to have gone on very well since the operation, was attacked with vomiting, followed by fever and low delirium; she died on the morning of the ninth. Fifty hours after death the head was inspected in the public theatre, before the students left the hospital. The fracture of the frontal bone had extended into the orbit; a spicula of bone had pierced the dura mater, and was still remaining “*enfoncee dans le cerveau*,” there was pus between the hemispheres of the brain, and diffused from the injured part as far back as the cerebellum; and a portion of the right

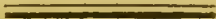
Fatal Case of
Injury of the
Head.

Morbid Ap-
pearances in
this Case.

anterior lobe of the cerebrum had 'a gangrenous appearance.

The Physicians at L'HOTEL DIEU deliver gratuitous clinical lectures at their morning visits during the whole year; but I gave so little of my time to these, that I have nothing to say of the manner in which they are conducted.

Medical
Clinical
Lectures at
L'HOTEL
DIEU.



L'Hopital
LA PITIÉ.

THERE is a small hospital, LA PITIÉ, situated in the environs of Paris, near *le Jardin des Plantes*, to which the chronic cases are sent from L'HOTEL DIEU, and where the patients get purer air and less frequent visits. Behind LA PITIÉ are immense dissecting rooms, which I was induced repeatedly to visit by the kindness of M. Serres, who has the direction of them, and who is a resident physician at L'HOTEL DIEU. It is only five years since these buildings were converted from workshops into apartments for dissecting. Three large rooms contain about ninety tables; and in each of these rooms an articulated skeleton is hung up for the students to refer to whilst dissecting. Adjoining each of these large rooms is also a smaller dissecting room, where an *eleve* more advanced in his studies than the rest, should always be found to solve any questions the students may wish to put, and to superintend them in their dissections, a

Dissecting
Rooms near
L'Hopital
LA PITIÉ.

plan so good that one must regret the almost total neglect of it.

The first of the three great rooms that I entered contained twenty-three *cadavres*, and nearly four times as many students. All the bodies of those who die at L'HOTEL DIEU are regularly brought to these rooms to be dissected, and when they have been converted to this rational purpose, the *debris* are as regularly taken away to be buried. The establishment I am describing is in fact a dissecting school for *les élèves de l'Ecole pratique* ; but as L'HOTEL DIEU furnishes more *cadavres* than these can possibly make use of, any body dissects there by paying five shillings for a subject.

Notwithstanding the inconvenient situation of these rooms, and their distance from the most frequented lecture-rooms and hospitals, above four hundred students were dissecting there last year. They are solely for the purposes of dissecting during the winter, and M. Serres daily gives an anatomical demonstration.

I was astonished to learn from M. Serres that the chief expenses of this establishment are defrayed by the small sums received for *cadavres* from the students who are not of *l'Ecole pratique*, a sum, I should have thought, not more than sufficient to pay for the fuel consumed in the dissecting rooms, in each of which there is a good fire.

I was distressed to see so little value set upon bodies, so little good dissection going on ; and it was during my occasional visits to these rooms, that I corroborated the truth of the remarks I have made elsewhere upon the opportunities and abuses of dissecting in the Parisian Schools of Anatomy.

“**LA CHARITÉ**” is a smaller hospital than LA CHARITÉ. **L'HOTEL DIEU**, and contains not above a hundred beds for surgical patients, one-third of which are for women.

The wards for medical patients are much more numerous, and when clinical lectures were first established at the hospitals under the direction of *l'Ecole de Medecine*, the *clinique interne* was commenced at **LA CHARITÉ** by Corvisart, to whose care a clinical ward containing fifty beds was entrusted, which he had the power of filling with patients selected from all the hospitals in Paris, in order to furnish the most interesting cases for his lectures.

The *clinique interne* at **LA CHARITÉ** is no longer supported by the great abilities of Corvisart, and the ward for fifty select patients is filled with common cases. Clinical lectures on medical cases are given, but with little

Clinical
Lectures on
Medicine at
LA CHARITÉ.

attention, and consequently they are followed by few students. Those students however who wish to graduate, must take out their *inscriptions* for the “ *clinique interne* ” at *la Charité*, whether they attend there or not.

Surgeons to
LA CHARITÉ.

Deschamp and Boyer are the two Surgeons at LA CHARITÉ, but they are so seldom there, that the care of all the surgical patients falls to M. Roux, the *chirurgien adjoint*, whose indefatigable attention raised my admiration, and whose distinguished kindness to me demands my warmest thanks. The many good things I shall say of LA CHARITÉ will, I hope, screen me from the unjust charge of ingratitude on account of the few expressions of disapprobation and criticism that I shall have occasion to employ. I dislike to give a faint picture of striking and important objects, or to paint them in different colours from those in which they were first presented to me.

When I first went to LA CHARITÉ, out of fifty-three male patients in the surgical ward, there

were five cases of stricture of the urethra, and three or four of disease of the testicles. In the treatment of the former complaint the caustic bougie is not used in any of the hospitals, and it was censured by all the Surgeons I met with, as a “ *very dangerous and harsh remedy*,” which I believe most of them have never once given a trial to. It appears to me, however, that the Parisian method of treating many cases of stricture in the urethra is not more mild than the use of caustic. I shall be able to explain this method most clearly and fairly, by copying my notes of one of the several cases, the treatment of which I witnessed.

Treatment
of Stricture
in the
Urethra.

“ A man of middle age had long had permanent stricture, and had been often treated for it. There was difficulty in making water when he was admitted into the hospital, but not complete retention. Unsuccessful attempts were made for several days to pass an instrument into the bladder by gentle means. The patient was still able to void his urine, although with great pain and difficulty.

Case of
Stricture
where the
conical
Catheter was
used.

“ M. Roux took a conical silver catheter of the
 “ shape I have represented (*fig. 9*),* with a
 “ very slight curvature, and an extremity
 “ almost pointed, and by force regularly ap-
 “ plied, he made his way into the bladder in
 “ spite of all opposition. He took care to
 “ keep the instrument central, and to judge
 “ of the direction of the point by the lateral
 “ rings (*a*). The rule mentioned by M. Roux
 “ for commencing the great depression of the
 “ outer extremity of the instrument was, when
 “ by the finger in the rectum he could feel
 “ the point to have reached the apex of
 “ the prostate. He gave great pain to the
 “ patient, but succeeded in getting the instru-
 “ ment into the bladder. The urine in the
 “ bladder was not suffered to flow out imme-
 “ diately, the catheter being left in the urethra
 “ and its end plugged up with a piece of wood.

* The conical catheter from which Fig. 9 is taken, was
 furnished me by M. Roux's instrument-maker, and cor-
 responds in shape and curvature, as nearly as I could judge,
 to the catheter used by M. Roux in the above case.

“ M. Roux acted very judiciously in directing
 “ that the catheter be kept depressed between
 “ the thighs, and fastened in that position;
 “ because, from its shortness and the smallness
 “ of its curvature, to bring the outer extremity
 “ of the instrument up to the abdomen, would
 “ be to bring the other extremity out of the
 “ bladder.

“ Three or four days is the time M. Roux
 “ commonly keeps the conical catheter in the
 “ passage, after passing it in such a case as this;
 “ but this patient suffered so intolerably that
 “ it was taken out at the end of twenty-four
 “ hours; a gum-elastic catheter of rather a
 “ small size was immediately introduced without
 “ difficulty, its extremity fastened to the abdo-
 “ men, and its orifice plugged up that the urine
 “ might be allowed to flow at certain periods
 “ only. The patient was comparatively easy on
 “ the next day. On the fourth day, there was
 “ swelling of the testicle, scrotum and peri-
 “ næum; a poultice applied, the elastic catheter
 “ still kept in. In four days more, the swelling

“ of the parts had subsided, and the poultice
 “ was no longer necessary: a fresh gum-catheter
 “ of a larger size introduced. At the end
 “ of fourteen days, there was swelling and
 “ effusion of fluid in the prepuce, the instru-
 “ ment having been fastened by plaster round
 “ the end of the penis. There was also a slight
 “ excoriation, and much discharge by the side
 “ of the catheter. A fresh catheter was intro-
 “ duced, and left in the passage.

“ After this period the gum catheter was,
 “ every six or eight days, replaced by one of a
 “ larger size; the patient suffered little incon-
 “ venience from it; and when I left LA CHARITÉ,
 “ six weeks from the commencement of this
 “ treatment, a catheter of the largest size was
 “ received by the urethra, the patient still con-
 “ fined to his bed, and the instrument con-
 “ stantly kept in the passage.”

Second Case
 of Stricture
 treated with
 the *Sonde*
Conique.

Another case went on less favourably than this. The *sonde conique* had been employed by a surgeon five days before the patient came into the hospital, and a gum-catheter was introduced

on his admission. But before a week the patient took it out, believing he could make water well enough without it. On the next day effusion of urine into the scrotum had taken place, which was evacuated freely by two long incisions; the elastic catheter could not be introduced again; the urine distilled from the urethra. The free incisions into the scrotum prevented sloughing; but the patient, who was very weak, and in bad health, died in a few days. It was an inveterate case of stricture, and the patient would probably have died under any treatment. Dissection shewed a diseased bladder whose coats were above half an inch in thickness, a cartilaginous stricture, and extensive sinuses communicating with the once-membranous part of the urethra.

“ The effecting of a speedy cure in bad cases of stricture,” is the argument advanced by the French Surgeons for the use of the conical catheter, where the gum elastic one cannot be introduced without its assistance. They tell us even of bad cases being cured, or greatly re-

Third Case
of Stricture
treated with
the *Sonde*
Conique.

lieved in a month or six weeks ; and certainly in one case under the care of M. Roux, a catheter of the largest size could be received by the urethra, a month from the employment of the *sonde conique d'argent*, which was left three or four days in the passage after its first introduction.

Mr. Roux assured me that he never saw any inflammation or irritation from this treatment, which was not readily managed and subdued. In his clinical lecture, however, he mentioned two fatal cases which he had witnessed and made examination of after death. In one of these, on taking out the *sonde conique d'argent* the third or fourth day after its introduction, the surgeon could not introduce the gum-catheter ; in attempting to do which another passage (M. Roux said) seemed to have been made ; infiltration of urine succeeded, inflammation, sloughing of the parts, and death. The second case was somewhat similar. Peritoneal inflammation was the immediate cause of its fatal termination, the instrument having

Ill effect
from the
Sonde
Conique.

passed between the pubis and anterior part of the bladder.

Boyer, I believe, has chiefly contributed to bring the conical catheter into use; and Mr. M'Gregor, Surgeon to the Military Asylum, informs me that he saw him use it at LA CHARITÉ, when he was in Paris several years ago. Perhaps I said too much when I observed that the French Surgeons pass this instrument into the bladder in spite of all opposition. They evidently use much force; but (they tell me) it is only when they *feel* that the instrument is *going in the right direction*, in the course of the canal; and when they cannot *feel* this, they are obliged to desist, and have recourse to puncturing the bladder by the rectum, if there be complete retention of sufficient duration to demand that operation.

It would be presumptuous in me to oppose the opinions and practice of men of great experience, and I am not at all inclined to say that there are no cases in which the conical catheter

can prove a very useful instrument; but I think I ascertained, that the French Surgeons employ it with too little discrimination, and that in their practice they seem to make no nice distinctions between impediments to the flow of urine from spasm, irritable and inflamed state of the canal, disease of the prostate gland, and cartilaginous stricture of long duration. If the conical catheter be admissible at all, it is in the last of these cases, particularly when combined with fistula in perinæo; and here all Surgeons, who are familiar with the treatment of diseases of the urethra, occasionally use means that approach very closely to the *forcing* method of the French. I have heard of instances in which John Hunter employed great force with the silver catheter, and overcame the obstruction. In a case of old stricture with fistula in perinæo, I have seen Mr. Pearson, (who generally treats strictures as mildly, and I need hardly say as successfully as any surgeon,) take a steel sound, and pass it gradually and forcibly on into the bladder, at the same time feeling his way, as it were, by keeping one finger in the rectum: the relief

Cases in
which the
Sonde Coni-
que may be
useful.

of the patient, and the ultimate cure of the disease, were the results of this practice. Mr. Astley Cooper, who has long known Boyer's conical catheter, mentioned to me lately a case in which he used it: there was fistula in perinæo with stricture of long standing; much suffering, but not complete retention of urine; no instrument could be passed by gentle means into the bladder. As soon as Mr. Cooper had reached the bladder with the conical catheter, he withdrew it, and was then able to introduce a common catheter, which he left in the passage. This is a kind of tréatment however that none, save men of great experience, are privileged to employ, and which none besides them can employ with good effect and without danger. Although some of the best Surgeons in England use very considerable force to overcome obstructions in old cases of stricture, they do not advise it in their lectures, nor put into the hands of young men of little caution and no experience, an instrument like the "*sonde conique d'argent*," with which they may do more harm in the first few cases they meet with, than the rest of their

Use of forcible Means to overcome Stricture.

life will afford them opportunities of doing good.

Treatment
of Stricture
with the
Bougie.

I saw M. Dubois employ a mild treatment for stricture in the urethra. A bougie of rather a small size is passed as far as the stricture will allow it, and left in the passage pressing against the part that offers obstruction, the urine commonly flowing by the side of the instrument. In a few days the bougie admits of being passed farther, and is perhaps obstructed by another stricture. At length it reaches the bladder, when a small gum catheter is introduced instead of it, which is removed every five or ten days, that a larger and a larger one may be introduced, until the urethra will receive one of the largest size. The patient is kept constantly in bed, and often submits to this treatment several months. M. Dubois however sometimes employs the conical catheter where he cannot otherwise get an instrument into the bladder, although perhaps he selects the more proper cases for it. Yet what must the English Surgeon think, on hearing him talk coolly of “*une*

“ *veritable ponction de la vessie,*” and a prostate gland transfixcd by the conical instrument, which was plunged on after having escaped from the natural passage?

To get a gum-catheter into the passage was the object always aimed at in every case of stricture that I saw treated at the French hospitals, and the cure was effected by keeping it there. It is astonishing with how little inconvenience patients kept in bed submit to the presence of this instrument in the canal, which is changed every four or six days for the sake of introducing a larger one; and but for this reason it might be left in a fortnight or three weeks without being renewed, the only thing requiring attention being the incrustation upon the extremity of the instrument, which sometimes forms in seven or eight days, and at others not in as many weeks. The progress of incrustation may be judged of by the freedom with which the urine flows through the instrument, the stream of which will be diminished as the incrustation around the eye of the instrument increases. As

Cure of
Stricture by
the gum-
elastic
Catheter.

far as regards the incrustation therefore, (observes M. Roux,) the instrument may be safely kept in, so long as the urine flows through it in an undiminished stream. In one patient the urine passed through the instrument only *goutte a goutte* on the fourth day after its introduction, and the next morning when it was with-drawn, its orifice was found nearly closed by incrustation and *mucosité*. In some cases, where there was fistula in perinæo as well as stricture, the canal of the instrument was constantly left open; in all other cases, whether the instrument was kept in the canal on account of diseased prostate, stricture, paralysis of the bladder from injury or old age, it was plugged up, and the urine allowed to flow four or five times in the day.

The gum catheters are made at Paris of twelve different sizes, which correspond to the twelve holes in the brass instrument represented in Figure 10; each catheter therefore has its size designated by its number, which greatly facilitates the ascertaining of the progress of the

case towards a cure. Numbers 1 and 2 are smaller than can be procured in England, and are so slender that I thought there might be danger of their breaking, until I was convinced, by seeing the method of making them, that there is no reason for fearing any such thing.

A firm tissue of silk is woven upon a brass stilet of the size of the cavity of the instrument to be made. In weaving this tissue, the orifice or eye is left, and the whole therefore consists of one entire thread. The successive layers of varnish are deposited on the outer surface of the silken tissue, their number depending on the size of the instrument; and each coating of varnishing undergoes a long process of scouring before the next is put on, for which purpose women are employed by M. Feburier*. At the hospitals every gum-elastic instrument that has been left a short time in the urethra is thrown away when taken out; and from the universal

Method of
making
gum-elastic
Catheters.

M. Feburier, No. 51, Rue du Bac, is the principal maker of gum-elastic instruments, and I mention with pleasure his great liberality and extensive information.

practice of treating strictures with them, so many are used, that the Makers, who pay little for the labour of the workwomen, are enabled to sell them at a very low price. I must allow, for the credit of our own manufacturers, that the gum-catheters are equally well made in London; they retain their curve better without the stilet, are less liable to crack, and have eyes more smooth and better formed. The inducement to import them from France is their cheapness, for, after the payment of a duty of sixty *per cent.* at the English custom house, they might be sold here for half a crown or three shillings each. The great price of them at present in England prevents their being so extensively employed in Hospitals as they ought to be; yet in some respects their value is perhaps over estimated. I have known a patient with old stricture and fistula, who had long worn a silver catheter in the passage, unable to bear the gum-catheter, which he complained of as being hot and irritating; and who was glad to have the silver instrument again, finding it (to use his own words) “much cooler than the other.” The most convenient

form of the catheter for its introduction, is not the most convenient form for it to retain when left in the bladder ; and on this point rests one advantage of the gum-catheter, which, after being left a few days in the passage, with its end fastened against the abdomen, retains the curvature of *fig. 11*, when withdrawn.

The French Surgeons cannot make the same remark respecting strictures in the urethra as they do respecting aneurisms, which, they say, are remarkably less frequent in their own country than in England ; and it is a favourable thing if this remark be true, for their operations upon arteries have not appeared to me to be the best parts of their surgical practice. Hunter's mode of operating for popliteal aneurism has by many surgeons been rather tried as an experiment, than followed generally as the best method of curing the disease. Boyer, I believe, in all the operations for popliteal aneurism which he has hitherto performed, has exposed the tumour and taken up the vessel in the ham. I saw at LA CHARITÉ the first patient in whom

French Operations for Aneurisms.

Operation
for Popliteal
Aneurism.

M. Roux had operated in a different manner, or (as he called it) after Hunter's method. He passed four ligatures behind the artery, which was exposed on the fore part of the thigh, and tied two of them, leaving the other two as ligatures of reserve. A piece of lint was included in the fastened ligatures, according to the advice of Scarpa, and the wound filled with lint. The wound from the operation was of course a long while in healing, but the patient, a man of middle age, did very well.

I shall copy at full length, my notes of a case of aneurism at the bend of the arm.

Case of
Aneurism at
the Bend of
the Arm.

“ A piece of glass struck the bend of the
“ arm of a little girl, seven or eight years old,
“ and the artery was wounded. Six weeks
“ afterwards, when an aneurism at the bend of
“ the arm had completely formed, compression
“ was commenced, by rollers carefully applied
“ from the fingers' ends to the shoulder, each
“ finger being rolled separately, a compress put
“ upon the tumor, and the fore-arm kept in

“ splints. After pressure had been thus applied
“ for a month, the aneurismal tumor was a
“ little diminished; but on taking off all the
“ bandages it became as large as before they
“ were employed. The operation was therefore
“ advised and determined on.

“ January 19th, the brachial artery was tied
“ about an inch above the aneurismal tumor.
“ The external incision was an inch and half
“ long. When the Surgeon had laid bare the
“ inner edge of the biceps muscle, he did not
“ immediately find the situation of the artery,
“ but cut here and there, and kept continually
“ putting his finger into the wound, to feel the
“ pulsation of the artery, that he might be
“ directed by it in making his incisions to
“ expose it. There was nothing like clean and
“ neat dissection, and it shewed me the diffe-
“ rence between groping for an artery, and
“ talking about cutting down upon it at once.
“ After exposing the artery, and pulling aside
“ one of the accompanying veins, the operator
“ passed a needle with a double ligature *between*

“ *the artery and biceps muscle, and brought*
 “ *it out between the artery and median nerve.*
 “ On pulling up the ligature, which had been
 “ thus passed under the vessel, the pulsation in
 “ the tumor stopt. The artery then was dis-
 “ sected a little from the surrounding parts,
 “ the ligature serving the purpose of a dissect-
 “ ing-hook. The next step of the operation
 “ was, to pass a probe, with a double flat-liga-
 “ ture one eighth of an inch in width, behind
 “ the artery; so that now the operator had an
 “ abundance of ligatures under the vessel, no
 “ less than four. He only however tied two of
 “ them, leaving half an inch of insulated
 “ artery between them; the other two were
 “ taken away. The superior ligature left on
 “ the artery was a flat one, the inferior was one
 “ of the two that had been first passed under
 “ the artery with the curved needle. The ends
 “ of the ligatures were brought out at the
 “ middle of the wound, the edges of which
 “ were approximated by two strips of plaster,
 “ one placed above, the other below the ends
 “ of the ligatures. These strips of plaster,

“ half an inch in width, were carried wholly
 “ round the arm, their ends crossing at the
 “ back part, which must tend to interrupt the
 “ circulation that should take place through the
 “ smaller arterial branches, to support the
 “ limb. A compress and bandage completed
 “ the dressing. This operation was performed
 “ without any previous preparation. The child
 “ had attended as an out-patient, she was operated on, and then received into the hospital.
 “ The Surgeon had no regular assistant, and
 “ constantly sponged the wound himself. The
 “ crowding of the students upon the platform
 “ of the operating room was shameful, and their
 “ over-hanging heads allowed very little light
 “ to be admitted to shew what was going on.

“ January 23. I deceived myself in sup-
 “ posing that so much was thought of this
 “ case as to keep the little patient in the hos-
 “ pital. She had been taken to her home im-
 “ mediately after the operation, and had not
 “ since been seen or heard of by the Surgeon,
 “ until she was brought to the hospital this

“ morning. I do not think it was very judi-
 “ cious to pay so little respect to the operation,
 “ by permitting the child to be carried abroad
 “ in excessive cold weather, when a piece of
 “ flannel wrapt round a sound limb, will hardly
 “ keep up a proper degree of circulation and
 “ heat. Such treatment, however, may prove
 “ more useful to us than safe to the patient;
 “ it shews how much nature may be trusted in
 “ young subjects, and what she will effect in
 “ them, spite of the disadvantageous circum-
 “ stances that we place patients in through
 “ necessity, ignorance, or inattention. This
 “ child had great pain for twenty-four hours
 “ after the operation, and has suffered little
 “ since. All goes on very well. The bandages
 “ are taken off to-day, the circular strips of
 “ plaster suffered to remain. From a little
 “ swelling that has taken place these circular
 “ strips girt the arm considerably, and should
 “ either be removed or cut through with scissars
 “ at the back part; but they are not touched.
 “ Lint spread with cerate is applied to the
 “ wound. The aneurismal tumor is much

“ diminished; the limb to the touch not diffe-
“ rent in temperature from the other arm; no
“ pulsation to be felt in the radial artery at the
“ wrist.

“ This case went on most favourably, the
“ child continuing to attend every other day as
“ an out-patient. The ligatures were away
“ on the ninth day, and I witnessed the healing
“ of the wound, and the complete cure of the
“ disease.”

“ Cutting down upon arteries” are words
with a dangerous meaning; and it is much more
correct to talk of dissecting for them. It is
necessary to know how, as well as where, to
find them; and although I have seen arteries
readily exposed by neat and careful dissection,
I have often known the Surgeon miss them by
attempting at once to “ cut down upon them.”

Cutting
down upon
Arteries.

I learnt nothing at Paris to change the im-
pression I had received from the perusal of
French operations upon arteries. Dr. Jones’s

book is either not understood, or not sufficiently appreciated by the Parisian Surgeons, who are afraid to act on the principles which his experiments have established, and which have been confirmed by the practice of the best English Surgeons. They do not dissect an artery clean from its sheath and surrounding parts, nor compress it firmly with a simple ligature.

Richerand's
Operation
for Aneurism.

An operation of Richerand's at *l'hôpital Saint Louis* did not contribute to make my opinion on this point of French practice more favourable. A middle aged man had aneurism of the femoral artery, just before it pierces the tendon of the triceps muscle. The aneurismal tumor was bigger than my fist. Richerand exposed the artery by an incision midway between the tumor and the groin. Four ligatures were passed behind the artery, only one of which was tied, a piece of lint being included in it; the other three were left as *ligatures d'attente*. The wound was stuffed to the bottom with lint. The pulsation returned in the tumor as soon as the operation was over, from the ligature not having been tied tight

enough to interrupt entirely the circulation through the artery. A slight pulsation continued in the tumor, but more feeble than it was before the operation. Nothing was done until the third day after the operation, when the dressings were removed. The wound was about three inches long, and an inch in width from having been crammed with lint. The artery pulsated where the ligature was upon it, and there was still an evident pulsation in the aneurismal tumor. Richerand waxed the ends of one of the three *ligatures d'attente* which were still lying under the artery, and passed these ends through the holes (*a, a, fig. 12*) of a brass instrument called the *presse-artere*. He then brought both ends of the ligature through the hole (*c*) in opposite directions, and applied the slightly convex part (*b*) of the instrument upon the artery, tightening the ligature till the pulsation in the tumor stopt, and fastening it by a peg through the hole (*c*). Although the patient had borne the first operation with firmness, he exclaimed violently on the ligature being tightened with the *presse-artere*, which arose pro-

bably from the artery being inflamed and more sensible at that time, than when first exposed. Two *ligatures d'attente* were still left; besides which the artery was surrounded by the ligature passed through the *presse artere*, and the ligature which had been ineffectually tied at the first performance of the operation. The former of these two was situated just above the latter. As much lint was stuffed into the wound as could be contained by the sides of the *presse-artere*. The knee was slightly bent, and bags of linen stuffed with *balle d'avoine* (such as are used in fractures) were placed on each side of the leg and about the foot. There was no pulsation in the tumor when I left the patient, but the *presse-artere* was raised at every stroke of the inguinal artery above it.

I wished much to ascertain the result of this case, because, if it did well, it would shew that in some persons almost any thing may be done to arteries with impunity. My last report of it was made two days before I left Paris, and I have not been able to learn any thing about it since.

The *presse-artere* was first used by Deschamps, with a view, to keep the sides of the artery extensively compressed against each other, and to allow of the ligature being tightened at pleasure; but the ligature was suffered to come away by the artery ulcerating through, the same as when it is applied in the common method.

The *Presse-Artere* of Deschamps.

The instrument employed by Mr. Crampton lately in his successful operation for popliteal aneurism* was very like the *presse-artere* which I have represented (*fig. 12*). Mr. Crampton performed his operation on the Saturday, and when I saw the patient at noon on the following Monday, the button-like end of the instrument was still lying at the bottom of the wound, and was raised at every pulsation of the crural artery. The tape-ligature was then cut through and entirely loosened, but the instrument, around

Mr. Crampton's Operation for Aneurism.

* "The London Medical Repository. Vol. iii. p. 165." See also a second case in which Mr. Crampton's method of operating has been successfully adopted in Dublin. Med. Repository. Vol. iii. p. 343.

which granulations had arisen, was still suffered to remain.

Whilst I was in Paris, an obscure account reached some of the French Surgeons, of a great operation for aneurism that had been performed in England, where the ligature was entirely removed after being applied for a few hours, and where a perfect and speedy cure succeeded. The French Surgeons would not believe this, and two or three of them concluded their remarks upon it by saying to me “ *ce n’est qu’un conte.*” From a knowledge of Dr. Jones’ and Mr. Travers’s experiments, however, I was led to argue against its being a mere fable, and I was sorry to find afterwards that it had its origin in the short account of Mr. Crampton’s case in the Medical Repository.

M. Dubois’
Operations
for Aneu-
rism.

In popliteal aneurism M. Dubois has employed temporary compression of the artery by a ligature and the *presse-artere*, without allowing the former to come away by ulceration of the artery. When the pulsation in the aneurismal

tumor no longer returned, on the ligature being completely loosened, both it and the *presse-artere* were taken away. M. Dubois was successful in his first and second cases,* but the third has a melancholy and instructive history attached to it; he did not begin to tighten the ligature until the fifth day, on account of hæmorrhage from a wounded femoral vein. On the tenth day, when there was no evident pulsation in the tumor on relaxing the ligature, and when its removal was determined on, hæmorrhage took place from the artery where the ligature and *presse-artere* had been applied, and the patient died during or very soon after amputation of the limb.

M. Dubois' treatment by temporary compression of the artery is different from Mr. Cramp-ton's in the ligature being tightened gradually, remaining from four to ten days in contact with the artery, and being taken away as soon as

Parallel between the Operations for Aneurism of M. Dubois and Mr. Cramp-ton.

* These two cases are mentioned in Mr. Hodgson's book on Aneurism, p. 232. And by Richerand in his "Nosographie Chirurgicale." Tom. iv. p. 104. troizieme edition.

it was entirely loosened. The plans of both these great surgeons are however the same, as far as regards the mechanical contrivance for making compression, and for tightening or relaxing the ligature at pleasure. Whatever opinions obtain respecting the advantages of Mr. Crampton's operation, and the possibility of interrupting the circulation by the ligature and *presse-artere*, long enough to produce coagulation of the blood in the aneurismal sac, without injuring the coats or producing obliteration of the cavity of the vessel, it must be granted that his successful case of popliteal aneurism is unprecedented in the ligature being relaxed after a few hours, and removed before the third day from its application. Yet a preference is, I think, rightly given to * the cases of Professor Assalini, who

Professor
Assalini's
Operations
for Aneu-
rism.

* Professor Assalini, when he was in London, shewed me the forceps which he had used in these operations. They were of the shape of a pair of dressing forceps, and about three inches long. The flattened blades were above half an inch in length, and less than a fourth of an inch wide. The length of the screw, which presses together the blades by acting upon the handles of the instrument, was nearly an inch.

employed a small pair of silver forceps to compress the artery with, and in two of his successful instances removed the instrument and closed the wound at the end of twenty-four hours.

The same treatment is employed commonly by the French Surgeons after other great operations as I have described in speaking of hernia.

“ A man presented himself at LA CHARITÉ,
 “ for the first time, with supposed hydrocele.
 “ Six months before he had been operated
 “ upon for this disease at another hospital, and
 “ cured by injection of *red wine*; the testicle
 “ on the same side as the hydrocele was then
 “ larger than the other. When he came to LA
 “ CHARITÉ the diseased testicle was three or four
 “ times the size of the healthy one, and had
 “ gradually increased. Sometimes he suffered
 “ severe pain from it. Pressure on the lower
 “ part of the abdomen, in the direction of the
 “ spermatic vessels and nerves, gave no pain,
 “ and there was no swelling of the cord external
 “ to the ring. To ascertain the nature of the

Case of
 Castration
 by M. Roux.

“ tumor of the testis, the man was laid on a
“ bed with thick dark curtains which were drawn
“ all around to exclude the light. The tumor
“ examined in this situation by the light of a
“ candle, seemed to be transparent at the lower
“ part only, and it was pronounced to be hydro-
“ sarcocele. M. Roux suggested no palliative
“ means, but immediately advised castration,
“ and quieted the patient's fears by saying ‘ *C'est*
“ *une chose bien fâcheuse que de perdre une*
“ *testicule, mais quant à l'operation, ce n'est*
“ *presque rien.*

“ The patient was admitted into the hospital,
“ and the operation was performed two days
“ afterwards without any consultation about the
“ case, and without any preparatory treatment.

The Opera-
tion,

“ M. Roux began the operation by pinching
“ up a portion of skin over the cord, and com-
“ mencing there his incision, which he extended
“ to the bottom of the tumor. A vessel was divi-
“ ded during the superficial dissection, and lig-
“ atures were put on both its orifices before the

“ operation was proceeded in. The whole of
 “ the diseased testis was dissected out before the
 “ cord was divided. No portion of skin was
 “ removed. The vessels of the cord were tied
 “ separately. M. Roux took up all the arteries
 “ with a pair of dissecting forceps, and he did
 “ this exceedingly well, never once letting the
 “ instrument slip off them. The ligatures upon
 “ the superficial arteries were cut off short ;
 “ those upon the arteries of the cord were left
 “ long, to distinguish them, and were wrapt
 “ up in a piece of linen, to prevent their being
 “ entangled with the dressing. The wound was
 “ stuffed with charpie, an abundance of which
 “ was heaped upon it, and then five or six linen
 “ compresses, and a long roller round the waist
 “ and between the thighs. Soon after the
 “ patient had been put into a warm bed, he took
 “ *une boisson antipasmodique*,” composed of I
 “ know not what. The next morning, the
 “ diseased testis which had been removed was
 “ examined before the students, and the history
 “ of the case was made the subject of the
 “ clinical lecture. At the bottom of the tumor

Dressing of
 the wound
 after the
 Operation.

“ there was a small quantity of transparent
“ fluid. The tumor being cut through was
“ found to contain scrofulous matter within the
“ body of the testis.

“ The first re-application of the dressing was
“ on the fourth day after the operation. At the
“ end of a week the wound was nearly seven
“ inches long, and an inch and half in width ;
“ still filled with lint, and covered with pledgits
“ of cerate. In ten days all the ligatures were
“ away. On the fourteenth day the wound
“ looked bad ; there was matter collected under
“ the skin of the sound testicle ; an extensive
“ incision was made, and the cavity in which
“ the matter had been contained was filled with
“ lint, and laid into the general wound. After
“ this, it proceeded to a cure as quickly as any
“ healthful granulating wound of the same size
“ and depth could possibly do.”

In another instance I saw M. Roux decide
with as little hesitation upon removing a testicle,
the dissection of which shewed that the disease

was confined to the epididymis, which was enlarged, very hard, and containing, in four or five distinct cavities, a small quantity of pus. In this case the scrotum had contracted firm adhesion to the anterior part of the testis, and therefore a portion of it was removed. The method of performing the operation, and of treating the wound afterwards, was exactly the same as in the case I have just detailed.

M. Roux, after his visit to London, determined to make a trial of the comparative merits of stuffing the wound with lint, and attempting to unite it by the first intention. The two cases of castration which I have already mentioned occurred after this trial was made, and shew that the result of it was to leave him still in the determination of following his old practice. Two patients were castrated by M. Roux within two or three days of each other. In the first the wound was left open and dressed with lint. In the second stitches and adhesive strap were employed, but union by the first intention was not effected. I attended with some interest to these

*Trial of the
Merits of the
French and
English
Treatment
of the
Wound
after Cas-
tration.*

two cases; in the second, where sutures had been employed, there was, seven weeks after the operation, a wound as big as a crown piece; and there was still a small wound at the end of two months, when the first case was just healed. This comparative trial deceives us with the appearance of being just and decisive, the operations having been performed at the same time and under very similar circumstances; but it is comparing a successful instance of one kind of treatment with an unsuccessful one of another. In the London hospitals, complete union by the first intention is seldom or never accomplished; yet, by attempting it, the wound is much diminished, and the cure of it rarely delayed later than three or four weeks; whereas the wound, when stuffed with lint, is usually not healed in less than seven or eight weeks.

Treatment
of the
Wound
after the re-
moval of the
Breast.

It is only within the last twelve months that they have attempted to unite the wound by the first intention, after amputation of the breast, at LA CHARITÉ; and the practice is now very partially and imperfectly followed at this and other

hospitals. I saw, at *l'Hospice de Perfectionnement*, one case where speedy union after the operation was effected; but in two other patients there were granulating wounds broad as the palm of my hand, in one fifteen days, in the other a month, from the operation.

I saw M. Dupuytren remove a breast at L'HOTEL DIEU from a patient fifty years of age. A tumor had existed in the right breast for ten years. During several years it remained of the size of a walnut, but within the last four years had considerably increased, and been sometimes severely painful. The tumor, when I examined the patient, was half as big as my fist, giving pain when roughly handled, not adhering preternaturally to the pectoral muscle, nor to the nipple, which had quite its natural form and appearance. The operation was performed in the ward of the hospital, near the bed in which the patient had been lying, and forms were arranged for the convenience of the students. The upper incision was made first. The lower incision, (which was obscured by blood from the

Breast removed by
M. Dupuytren.

upper one,) met the first at two angles, so as to include a portion of skin and the nipple, which were removed with the tumor. The pectoral muscle was laid bare; a part of the gland appearing to be not at all diseased was left. After the vessels were tied, M. Dupuytren made an incision downwards through the integuments an inch in length, (beginning at the middle of the lower edge of the wound,) the use of which I could not at the moment explain. Two strips of adhesive plaster were applied loosely to each angle of the wound, the edges of skin not being in contact by half an inch. The centre of the wound was left an inch in width, and a piece of linen was introduced into the bottom of the inexplicable incision, to keep open a sort of drain, to prevent the accumulation and detention of the matter that would afterwards be formed. An abundance of charpie and a bandage made the rest of the *appareil*.

The French Surgeons amputate the cancerous breast in the earliest stage that they meet with it; yet one instance which I witnessed taught me

that some of them undertake the operation with too little reluctance, in cases where the disease is very far advanced. A woman, thirty-eight years of age, had had part of the right breast extirpated eighteen months before, on account of a cancer which was at that time ulcerated. The disease returned, and she came to the hospital with enlarged glands in the axilla, and a cancerous tumor again extensively ulcerated. She was not much emaciated; her courage to bear pain was excessive; and she readily submitted to the operation which was advised. The tumor of the breast was removed rapidly enough, and three or four ligatures were applied to the bleeding vessels; but this was a small part of the operation. An incision two inches long was made from the wound to the centre of the axilla, and the Surgeon began to dig deep for the diseased glands. A silver hook with two prongs was passed into them, and several times it tore out again. It was ten minutes before all the diseased glands could be gotten away. The bleeding vessels having been secured, four pieces of lint, rolled into masses as big as walnuts, were

Open Cancer
of the Breast
removed.

put into the bottom of the axillary pit, whence the enlarged glands had been dug out. The wound left by the removal of the breast was of a circular form, and not less than five inches in diameter. A piece of soft linen was applied to the whole surface of it, and upon this *charpie* was heaped; then linen compresses, *charpie en masse*, and compresses again, the whole being secured by a roller well applied over the shoulders and round the thorax. The dressings were removed on the fourth day, when there was bad foetid discharge, the surface of the wound dark and sloughy, and its edges *sharp* and dry. No solid food had been retained on the stomach since the operation. The extremities of the patient were cold and covered with perspiration; the pulse at the wrist just perceptible, but too weak and quick to be counted. The wound was dressed with lint and common cerate. Death took place on the ninth day; and no one will doubt that the operation accelerated the termination of a loathsome existence, which the patient had little reason to desire to be prolonged. But I relinquish these for more pleasing subjects,

the visits of the Surgeons to LA CHARITÉ, and the clinical lectures delivered by them.

There are *eleves externes et internes* at LA CHARITÉ, belonging to *l'Ecole pratique*, the same as at L'HOTEL DIEU, and their number is in proportion to the size of the hospital. M. Roux was at the hospital every morning during the last winter by a quarter after seven. The students received a signal of his arrival, and the names of *les cleves internes et externes* were called over before he began his visit. Few remarks were made at the bedside of the patients, the number of which never amounted to an hundred. If M. Roux got through his visit to the male and female wards before 'nine, he found some subject of conversation with the students until that hour, when he began his clinical lecture, which he gave in the operating room six mornings in the week, unless he had some operation to perform. After the clinical lecture he received the out-patients, and rarely left the hospital till half-past ten, or eleven. M. Roux gives considerable attention to his clinical lectures,

Daily Visits
of the Sur-
geons to LA
CHARITÉ.

and renders them useful to all classes of students. He keeps no written history of the cases, but the name of every surgical patient admitted into the hospital is put down in a book, and furnishes, sooner or later, some remarks for the *leçon clinique*. The lectures are varied so that they are sometimes examinations, to be able to answer at which, the *élève interne* or *externe* is obliged to attend closely to the cases under his care; and I found that many of *les élèves internes*, who are the best informed students, kept well written histories of all the important cases which they might be called to give an account of at the clinical lectures. Half the lecture is indeed sometimes given by the student in reciting before the whole class the history of some case, the received notions respecting the disease under which the patient labours, and its progress since admission; and the professor has little more to do than to correct the errors, and fill up the omissions made by the student, and to add such remarks as are the result of his own experience. No students who are present at the lectures, except those of

l'Ecole pratique, take any share in relating cases, or answering the questions proposed by the professor. Every case is marked on the day when it is mentioned in the clinical lecture, in order that no interesting case may go unnoticed. The remarks are not confined to the history of complete cases, nor of the diseases of patients just admitted; but reports are often made, at a few days' interval, of the progress of any extraordinary or very instructive case, or the effects of any mode of treatment that had been discussed in a former lecture, and since put in practice. A patient rarely dies in the hospital, or is discharged from it, without his case being noticed in the *leçon clinique*; and no important operation is ever performed in the theatre without becoming the subject of comment and discussion. Too little value is set upon the morbid dissections; but the bodies are constantly inspected, and the diseased parts removed by operations examined in the public theatre.

M. Roux's clinical lectures are certainly very

elementary, and all lectures that are adapted to large classes of students, must be so. Some complain of the clinical lectures at Paris being conducted with less vigour and attention than formerly, and they are said to be better managed at Montpellier. We judge of things that are new by comparing them with things that are old and familiar to us, and I will acknowledge, that the clinical lectures at LA CHARITÉ struck me as being at present conducted in a way to secure very beneficial effects to students.

All students have free admission to the *clinique externe*, as well as to the Medical and Surgical practice of this hospital. Until very lately, anatomical dissections were carried on there, and a small fee for the subjects was the only expense attending them; but they have been put an end to by an order from *l'Ecole de Medecine*.

Private
Course of
Lectures by
M. Roux.

M. Roux gives a private course of evening lectures at LA CHARITÉ, to which those only get admittance who pay for their tickets.

L'HOPITAL DES VENERIENS was the only institution I visited at Paris that seemed to me to be conducted badly, and in a way which could not answer the desirable end of curing the diseased, and at the same time affording opportunities to students of acquiring practical information. This hospital contains nearly six hundred beds; M. Cullerier, (the *Chirurgien en chef*,) and his nephew reside in it, and have the care of all the patients. I made a great effort to arrive there, in the snowy weather of January, by half-past six, the precise time at which the surgeons begin their visits every morning in the week. The men and women are visited at the same time by different surgeons, and therefore I could only see the former, *two hundred and twenty-five* of whom were examined and prescribed for by M. Cullerier in the short space of one hour. I had no time to dwell upon individual cases, and the utmost I could do was to make a few general remarks.

L'HOPITAL
DES VENERI-
ENS.

M. Cullerier's daily
Visit to this
Hospital.

There were no pupils present besides the *eleves internes*, who are salaried and reside in the hospital. The first ward I entered was crowded with seventy-two patients; the beds were placed close to each other in couples, and there was space left only between every two beds for the surgeon to approach the patient. The second ward was of the same size, and equally crowded. There were four small wards, with eight or ten beds in each, for those who had scabies as well as syphilis, and three other small wards for patients whose cases were very bad. With the exception of two or three cases in these last wards, I saw no patient who used mercurial frictions. All of them took one of three decoctions, (*liqueur de* Van Swieten, liqueur sudorifique, or liqueur emolliente*), which was administered immediately by assistants, who had it at hand ready poured out. The other medicines, the diet, the dressing for sores, were written down by one of the pupils as soon as ordered by

Number of
Beds for
Male Pati-
ents at
L'HOPITAL
DES VENE-
RIENS.

* The first of these *liqueurs* is simply a solution of corrosive sublimate, the second is decoctum lignorum, and the other merely a bland mucilaginous drink.

the surgeon. The *liqueur emolliente* was given to those in whom, for some reason, the use of either of the others containing sublimate was suspended.

Out of all the patients I saw, there were not half a dozen cases of eruptions; no bad case of disease of the bones of the face, or loss of the palate; no penis lost by sloughing; but a great many with sores about the anus and perinæum, with open buboes and primary symptoms, all of which were treated with corrosive sublimate in the form I have already mentioned. M. Cullerier called my attention to a man who was completely cured of a bad ulcerated throat by corrosive sublimate, but was still taking the *liqueur sudorifique*. Another case was also pointed out to me as extraordinary, a man with disease which I should not have hesitated to call a cancerous affection of the tongue, if I had seen it in any other situation; it was enlarged, twice as thick as natural, and with its upper surface ulcerated. The disease had existed six months. He had been recently admitted into the hospital, and was taking corrosive sublimate, although

M. Cullerier's Treatment of Syphilis.

nothing could be learnt leading to a belief of his having had primary or constitutional venereal symptoms. They could explain the origin of the disease only by supposing that the venereal virus had been applied directly to the part.

I received the same civility from M. Cullerier as from most of the other medical men to whom I was introduced, but he had little leisure to be very communicative, and I found I could gain so little of the kind of information I wanted, that I did not again enter the men's ward of this hospital. The practice for every large hospital appropriated to patients labouring under a particular disease, is apt to become a routine; the surgeon gets tired of seeing daily a number of similar cases that do not interest him, and hurries over his visit as speedily as possible, because he considers it a mechanical labor, which offers no exercise for his judgment.

Female
Wards at
L'HOPITAL
DES VENERI-
ENS.

I was better pleased with the female wards, which I saw with M. Cullerier *le Neveu*. The visit was made with equal rapidity, and *three hundred and twenty* patients were seen in less

than an hour and a half. Although this velocity precludes a stranger from taking advantage of the cases, it is not however so extravagant as it appears at first sight, considering the daily visits, the similarity of symptoms, the uniformity of treatment, the expedition with which the orders of the surgeon are written down and the doses given by persons in attendance for the purpose, and the subordination and good order in which the patients are kept. All the patients were in their beds during the visit of the surgeon; not one of them, whether with chancres, buboes, eruptions, or sore throat, employed mercurial frictions; but all of them (except where for good reasons the use of mercury was suspended or not begun), took their *potion sudorifique*, or solution of corrosive sublimate. Out of this great number there was a very small proportion of secondary cases; only three or four cases of eruptions; one affecting the face, arms and hands, of a copper colour, and yielding to corrosive sublimate: one patient whose nose had been partly destroyed by ulceration, and another where the nose was

Efficacy of
Corrosive
Sublimate in
curing Lues
at l'Hôpital
des Veneri-
ens.

fallen in from loss of the bones of the face; both these using corrosive sublimate only. Most of the patients had cheerful and healthful countenances, and none of them were suffering from swollen chops and salivation. Those who had become indisposed from fever, or whose gums were much elevated, so that they complained of uneasiness in the mouth, took but half a dose of the corrosive sublimate, or omitted it altogether. I saw no local applications to chancres except *charpie*; sores on the labia of one patient were touched with butter of antimony. The open buboes I saw had been mostly opened with caustic. A woman had a crustaceous eruption over one eye-lid, as big as two half-crowns, and no venereal symptoms elsewhere: M. Cullerier *le Neveu* observed to me that it was a doubtful case, and that he had therefore not commenced the exhibition of corrosive sublimate. I remarked but two empty beds, and only one bed with two women in it. The wards, the linen, and every thing were clean, except in one ward where there were thirty-four patients with scabies as well as syphilis. One ward was called the “*in-*

fermerie," which contained the worst cases, and to which all those were carried in whom fever or any accidental disease supervened during the treatment; and the mercury was always suspended during their indisposition. There is also in this hospital a ward for lying-women with the venereal disease, which I did not see.

"Infermerie" at L'Hôpital des VENERIENS.

It was vexatious to be forced to run through the wards of an hospital in this way, seeing every thing, and investigating nothing; and although I have put down the few remarks I have made, I know but two facts of any value that I ascertained at L'HÔPITAL DES VENERIENS; the almost universal employment of corrosive sublimate, and the small proportion of secondary and very severe cases of syphilis: the former is a fact not extensively known amongst us, and the latter few perhaps will be prepared to believe.

Facts ascertained at the Venereal Hospital.

I had ten minutes conversation with M. Culrier *le Neveu* after the visit was over. He mentioned that there were cases of exception to

Remarks of
M. Cullerier
to Nereon on
the use of
Corrosive
Sublimate.

the use of corrosive sublimate, but he did not specify them; and he observed that in private practice he did employ frictions, although very seldom. He gave me some history of a middle-aged woman whom I had just seen discharged perfectly cured, and in good health. She came into the hospital three months before with an eruption on the forehead (*eruption pustuleuse cuivrée*), throat ulcerated, and caries of a portion of the upper jaw in the situation of the front teeth. She had used mercury in no other form than solution of corrosive sublimate, which she had taken to the quantity of between fifty and sixty grains. This is the quantity that it is thought requisite to give in extraordinary and long standing cases; in common cases of primary sores, eighteen grains are deemed sufficient for the cure. The form in which corrosive sublimate is usually given is either Van Swieten's liquor, or a simple solution of it in water and a little spirit. The usual quantity taken daily by a patient is half a grain, which is given at a single dose, that the Surgeon may see it administered. They begin however with as much of

Formulae
and Doses of
Corrosive
Sublimate.

the solution as contains a sixteenth or an eighth of a grain, and increase it. Where the constitution indicates the necessity of divided doses, it is given morning and evening, sometimes in the form of pills.

Corrosive sublimate has been brought into such extensive use at L'HOPITAL DES VENERIENS principally by M. Cullerier; and it is clear that he employs it, not because it is cheap and convenient to be administered, (as some have suggested to me), but because he believes it adequate to remove present venereal symptoms, and to effect a permanent cure. Most of the women who are treated at L'HOPITAL DES VENERIENS, if they suffer a relapse, must return thither again; they will not be received at the other hospitals, nor allowed to remain at home diseased, and thus the small proportion of secondary cases becomes, in some measure, a proof of the efficacy of the treatment employed.

The antisymphilitic virtues of corrosive sublimate are highly estimated by other French Sur-

geons as well as by M. Cullerier; and indeed the answers I received from several of them to my inquiries on this subject, were, that “ it
 “ was the only remedy they should think of
 “ using in common cases; and if they employed
 “ frictions, it would be in affections of the
 “ bones, or where the disease had been long
 “ neglected, or where after the use of corrosive
 “ sublimate for a time, it seems not to yield to
 “ that remedy.” There are some, however, who value corrosive sublimate at a low rate, and who regard it as a faithless remedy; * M. Landré Beauvais, whose judgment and experience entitle his opinion to have some weight, is amongst this number.

That the French Surgeons cure many of their *secondary* cases by corrosive sublimate does not surprize me, because it is a sort of fashion with them to call doubtful cases (which

* M. Landré Beauvais gives clinical lectures at LA SALPETRIERE in conjunction with M. Pinel. He is the author of an useful work, “ Séméiotique, ou Traité des Signes des ‘ Maladies ’ ” in one 8vo. volume.

will often get well with or without it) venereal: but when I learn that corrosive sublimate is given in cases of primary sores, and trusted to by the Surgeons of most experience, both in hospital and private practice, who could not fail to discover soon if it was commonly inadequate to effect a permanent cure, I begin to think that in England the powers of this remedy are somewhat undervalued. It is possible, however, that the venereal disease in France may yield to treatment which will be found ineffectual in England. There are other things, besides climate, which may be regarded as having some influence upon it. The infected have little hesitation about disclosing their complaint, and the use of the remedy soon follows the appearance of the disease. The *filles publiques* are licensed and registered, medical officers are appointed and salaried by the police for examining them, and reporting the state of their health; and although this system considers public health perhaps rather than public morals, if vigorously pursued, it must contribute greatly to the prevention of bad and neglected cases,

and to diminish the spreading of venereal infection. To whatever cause we attribute it, the worst cases of venereal disease are, I will venture to say, not more abundant in France than in England; and when I returned to London, I found as many examples of venereal eruptions at the Lock Hospital, where there are an hundred patients, as I had seen in L'HOPITAL DES VENERIENS, where there are above five hundred and fifty.

Although I have been desirous of explaining what I learnt respecting the treatment of the venereal disease by the French Surgeons, I cannot entertain a high opinion of their decisions in doubtful cases. *Syphilomania* is a malady that might long ere this have been noticed by Nosologists; it has committed its ravages in England, and is at present raging much in France. If I had judged from what I saw, and never looked into a French work upon the subject, I should have concluded that, for an eruption or ulcer in any part of the body, preceded by either gonorrhœa or chancre, and

not yielding readily to ordinary treatment, the French Surgeons will employ mercury under a belief of the complaint being venereal; and if it yield to this treatment, they are confirmed in their opinion. The last point seems indeed to be the great touchstone whether a disease be syphilitic or not. The cachexia syphiloidea, pseudo-syphilis, and hydrargyria of English authors, have hitherto received little attention from the French, and none of these terms, as far as I recollect, are noticed in M. Lagneau's book on the venereal disease.* The parallel I should be inclined to draw between the best French and English Surgeons in regard to the venereal disease is, that the latter are conti-

French Opinions respecting Lues.

* “ Exposé des Symptômes de la Maladie Venerienne, “ par L. V. Lagneau; troisième édition, 1812.” A new and much enlarged edition was in the press when I left Paris. It is the only modern French work on this subject that was mentioned to me with any respect. It is full of the doctrines of M. Cullerier, and the practice of L'HOSPITAL DES VENERIENS, but it is recommended by the professors, and read by all the students, and may therefore be considered as giving the best examples of the opinions most generally entertained by the Parisian Surgeons, respecting the doctrines and treatment of the Venereal Disease.

nually meeting with cases that they know little about, and on which they will not decide till the history, symptoms and progress of the disease shall have been ascertained; whilst the former know every thing at first sight, and decide upon any (perhaps I might as well say on no) grounds, that the cases presented to them are venereal, and demand the use of mercury.

I had, at the consultations for out-patients, many opportunities of seeing Surgeons decide upon venereal cases, and I shall give examples of the notes I took on this subject at three different hospitals, LA CHARITÉ, L'HOTEL DIEU, and L'HOSPICE DE PERFECTIONNEMENT.

Examples of
the Decisions
of
French Surgeons
in
doubtful
Cases of
Syphilis.

1st Example.—An infant, ten weeks old, was brought by its mother to M. Dubois with a crustaceous eruption on its forehead. Without asking a question, or examining the child at a nearer distance than three yards, he told the woman that she and her husband were diseased as well as the child, and that the same treatment must be adopted for the cure of all three. He

added some remarks on the appearance of the child's countenance, " the mouth open and " nearly circular, the angles of the mouth " constricted and not relaxed as in health," by which, from what I could learn, he meant to say we were to form our opinion of its being syphilitic, taking at the same time the appearance of the eruption into the account. The woman shed a few tears at hearing news she seemed not to be prepared for, and retired without receiving further advice. I found an opportunity to examine the child. The eruption had come on within ten days, since which the child had lost his appetite. It occupied the whole body, was pustular, and on the forehead only exhibited light-coloured elevated crusts. The woman persisted in saying that herself and her husband were, she believed, free from disease.

2d Example. An old man, not less than sixty, applies and says he has disease in his throat (*mal à la gorge*) and that he had *un petit bouton* on the penis six months ago, for which

he took medicines and was cured in three weeks. The Surgeon asks him if he has ulcers in his throat? (which he could not well tell, although he said no) whether he has pain on extending the tongue? or ulcers on the tongue? he receives the old man's answer to these questions in the negative, decides very jocosely that it is syphilitic, and orders "*le muriate tres-oxydé*" "*de mercure*" in solution, without examining with his own eyes either throat, tongue or penis of the patient.

3d Example. A man had an obstinate eruption, occupying a surface as broad as my hand, upon the right fore-arm. From history, and from examination, it could not be ascertained that he had ever suffered from any venereal affection but gonorrhea, and this some years ago. For a fortnight, the unguentum Neapolitanum with an equal quantity of common cerate had been applied to the eruption without advantage; and at the end of this time the Surgeon told him that it was syphilitic, and that he must enter L'HOPITAL DES VENERIENS, to be cured

there by a course of mercury. An eruption ought not to be called venereal, because it may be proper to try a course of mercury for the cure of it.

It is a prevailing notion with the French Surgeons, that gonorrhœa gives frequently rise to lues, and the slightest tendency to bubo during its existence seems to be regarded as a signal that mercury must be used to prevent constitutional infection. The first Professor with whom I conversed respecting the venereal disease, told me frankly that he thought the English Surgeons did not understand the treatment of it, and that he had lately been treating a patient with venereal sores, which had been suffered to continue long under the care of an English Surgeon without mercury being used, and had been cured since he came to Paris by mercurial frictions. Indeed the French Surgeons who lately visited London, and who took all their impressions from what was to be seen in hospital-practice, entertain quite as unfavorable an opinion of the English treatment

French Notions respecting Gonorrhœa and Lues.

of the venereal disease, as we can do of French doctrines as to what ought to be called by that name. They think that where mercury is used by us, it is employed unmercifully in the form of frictions, and that it is often injudiciously deferred in cases that will never be permanently cured without it.

I think Paris is a bad school for students in general to become well acquainted with the treatment of the venereal disease. Nothing useful respecting it can be learnt at the general hospitals, and during the winter there seems to be no students at L'HOPITAL DES VENERIENS, except *les elevés internes*, who are about fifteen in number. In the summer M. Cullerier begins his visit to the wards at six o'clock in the morning, and gives clinical lectures three days in the week, for which those who take tickets have admission to the practice of the hospital.

ALL poor children, suffering from any accident or disease, and between infancy and the age of fifteen years, are excluded from the general hospitals, and received only at the hospital appropriated to them, L'HÔPITAL DES ENFANS MALADES. The number of children in this hospital is seldom less than six hundred, sometimes nearly eight hundred. I do not know the surgeons belonging to this institution, and M. Jadelot is the only physician to whom I had an introduction. I saw the whole of the institution, even to the kitchen and apothecary's shop, and had reason to admire every part for its cleanliness and good arrangement, except what I shall hereafter mention.

L'HÔPITAL
DES ENFANS
MALADES.

In the absence of the Physicians and Surgeons, this hospital is under the care of half a dozen *eleves internes*, who reside there, and receive five hundred francs annually, the same as the house-surgeons of other hospitals.

Classificati-
on of Pa-
tients in this
Hospital
according
to their
Diseases.

The division of the hospital for the girls, contains wards for different diseases. There is a surgical ward for those who receive injuries, are labouring under surgical complaints, or require surgical operations; a medical ward for those who have acute diseases; another for small pox; a fourth for *les scrophuleuses*; a fifth for *les teigneuses*; a sixth for *les galeuses*, &c. and there is the same division of wards for the boys.

Wards for
Scrophulous
Children.

The wards for scrophulous children, I should think, are the least useful of any, as keeping young scrophulous subjects in impure air, and out of exercise, is not the way commonly to relieve them. By local means they do almost nothing in scrophulous sores; but the children in this hospital have all the benefit to be derived from internal treatment, and are supplied with bark, generous food, roast meat and wine. I saw a rickety child, less than three years old, in whom issues had been made and kept open on each side of the dorsal vertebræ on account of distortion. Is *caries* of the spine often met with

at so early an age? English Surgeons distinguish the carious and the rickety spine; some French writers make the same distinction; but some include both under the term *gibbosité*, and are led into erroneous treatment by confounding in their practice different diseases. If the sign of the curvature lateral or forward is to be relied upon, as indicating whether the deformity be from rickets or caries, it may be converted to great use; for although the internal treatment, as to food and medicines, would be the same in each, yet in the one you would not use caustics, but let the patient have pure air and exercise in moderation; in the other you would enjoin rest, a recumbent posture and issues.

Questions
respecting
the Carious
and Rickety
Spine.

In the female small-pox ward of this hospital I made a remark that gave me great pleasure. Although all the poor children in Paris who get that disease are received here, there had not been one fresh patient for the last three weeks; and in the small-pox ward for boys, I found but two who had been brought thither within the last

Small-Pox
Wards
at L'HOPITAL
DES ENFANS
MALADES.

month; so that not above half a dozen of the forty beds in these large wards were occupied, and we might indeed almost venture to say, that only two poor children had been seized with small-pox in Paris during three weeks or a month; a gratifying proof of the great extent to which vaccination has been practised amongst the lower class of people in France.

The Wards
for Tinea.

The wards for tinea were filled with patients. M. Jadelot, after removing the scabs by emollient applications and shaving the head, (which is repeated every two or three days), commonly applies daily an ointment with hydro-sulphuret of potass. I saw several patients of another physician who were undergoing a different treatment; after the poultice, an ointment made of caustic potass and lard or oil was applied, which in a few days made the hairs fall off, or allowed them to be pulled out with little force and without pain. I saw instances in which each of these plans of treatment had been pursued. Where the hairs had been removed by the caustic application, and the cure effected, they were

Treatment
of Tinea.

beginning to grow plentifully again. The hairs were only taken off in patches by the caustic application, where the tinea existed; and M. Jadelot, in cases where the scalp was partially affected, did not think it necessary to shave the whole head, before he applied the hydro-sulphuretted ointment.

The medical men of this institution have unparalleled experience in the treatment of tinea, yet they do not pretend to cure it speedily; and although they almost always succeed, they often require six months or more to overcome obstinate cases.

The wards for the children with itch were filthy, and very offensive with the smell of rotten eggs from the sulphuretum potassæ, which M. Jadelot constantly uses for curing all forms of this complaint, either by way of baths or ointment. From four to five ounces of sulphuret of potass, dissolved in twenty gallons of water, at 97° Fahrenheit, is the proportion employed for an ordinary bath, which must be used once

Wards for
Children
with Scabies.

daily for above a week; but if used twice as often, bad cases may be cured in four or five days. The sulphurous baths may not be so objectionable as sulphur ointment, because they are not known so generally to be a cure for scabies; but they are equally offensive in smell, more inconvenient, and not so speedily effectual. The *liniment savonneux hydro-sulfuré** has very little disagreeable smell, and would be preferable to the sulphur-ointment, if equally efficacious; used twice daily, it cures in five days, or at longest in eight days. M. Jadelot, however, employs chiefly, at L'HOPITAL DES ENFANS MALADES, baths prepared in the way I have indicated.

* The composition of this liniment has been given in the London Medical Repository, Vol. iii. p. 242. The oleum amygdalæ may be used instead of the oleum papaveris.

R. Saponis Albi..... ʒjv.

Olei Amygdalæ ʒ viij.

Potassæ Sulphureti .. ʒvj.

Olei Thymi g! xv. vel ʒj. The soap is dissolved by a water-bath and mixed with the oil. This mixture is then gradually combined with the sulphuret of potass in powder, or liquified by exposure to the atmosphere.

Summer courses of clinical lectures are given at L'HOPITAL DES ENFANS MALADES, and those who purchase their tickets of admission to these, see the practice of the Physicians and Surgeons, who make their visits daily to the wards of the hospital between seven and nine in the morning, during the whole year.

Clinical
Lectures at
L'HOPITAL
DES ENFANS
MALADES.

L'HOPITAL
ST. LOUIS.

L'HOPITAL ST. LOUIS is a very extensive general hospital, situated in the suburbs of Paris, so that few students in the winter, besides the resident pupils, are benefited by seeing the practice of it. I visited this hospital with M. Alibert, who has the charge of the wards appropriated to patients with diseases of the skin, and in my first visit I saw only the wards for the females, which were six or seven in number, and contained from eighty to an hundred beds. A woman had been just admitted with an eruption on the hands, arms and face, which M. Alibert called the *Dartre Phlyctenoïde*. In some parts they were simply vesicles, in others large irregular crusts, the skin around the margin of which was of a dull-red colour: their formation was attended by a distressing burning sensation. Ten days afterwards, when I repeated my visit, I found that unguentum hydrargyri had been applied to one hand, unguentum sulphuris to the arms, and

Wards for
Cutaneous
Diseases.

Van Swieten's liquor administered internally, from which and the absorption of mercurial ointment by the skin, salivation had suddenly come on, and the mercurial remedies were therefore obliged to be discontinued.

There was one new patient with a disease that M. Alibert called unique, and for which he could not find a name. There was a zone completely surrounding each leg a few inches above the ancles, formed by a preternatural thickening of the skin, and elevated about a quarter of an inch above the surrounding surface of the leg. The color of this part was very little deeper than that of the natural skin, and the pores were very much developed and enlarged. It was not painful at any time, nor tender to the touch. The width of each of these zones was in some parts three inches, in others not above one; and their elevated margins terminated abruptly and irregularly. The surface looked so much like the natural skin viewed through a magnifying glass, that I could only call it a growth of the skin to four or five times its usual

Unique
Disease of
the Skin.

thickness. The patient was in good health, and suffered no inconvenience from the complaint. It occurred to me that from the situation of the disease, the absence of pain on pressure, and of inflammation, to have made compression by bandages would have been a rational mode of treatment. A poultice was all that I saw applied; and I only mention the case, because it is a morbid appearance which writers, as far as I know, have not described.

M. Alibert kindly pointed out to me the cases most illustrative of the diseases he has classified and described with so much minuteness. He shewed me several dartsous affections that were yielding to his favourite remedy sulphur, which he has of late employed much by way of fumigation at L'HOPITAL ST. LOUIS; but he did not permit me to see the machine which he uses for this purpose. The fumes of sulphur are applied either partially or to the whole surface of the body; and in the latter case the patient is received into a machine that embraces the neck. It is in fact applying the fumes of sulphurous

acid to the surface of the body affected with eruptions.

A girl with *tinea favosa* of long standing, had been treated with *une depilatoire** of some quack, in a similar manner to what I had seen at L'HOPITAL DES ENFANS MALADES; the surface from which the hairs had fallen off from the application was quite cured, and the hair was growing again.

*Tinea cured
by the appli-
cation of
Caustic
Ointment.*

M. Alibert sees his patients at L'HOPITAL ST. LOUIS three days in the week, at ten or eleven in the morning, and gives a course of clinical lec-

* M. Alibert has noticed the employment of the *pommade depilatoire*, in his "Precis théorique et pratique sur les Maladies de la Peau. Tome I. pages 77 et 91."
 " Lorsque la teigne est invétérée, et qu'il importe de chan-
 " ger le mode des propriétés vitales du cuir chevelu, nous
 " mettons en usage une pommade épilatoire qui a pour base
 " la potass du commerce et la chaux carbonatée. Au bout
 " de quelques jours de pansement, les cheveux qui recou-
 " vrent l'exanthème tombent; le cuir chevelu blanchit; les
 " démangeaisons diminuent, et le malade parvient à une
 " guérison radicale, quand on a fait concourir avec ce
 " topique les moyens internes, tels que les préparations
 " sulfureuses, &c." p. 91.

tures on cutaneous diseases in the summer season. I say much less of this hospital than deserves to be said; but I cannot wholly omit to notice the admirable opportunities it presents to students of observing a class of diseases, which are rendered particularly important by the situation of the parts they affect, the frequency of their occurrence, and the difficulties so often experienced in attempts to remove them. All students however do not get uninterrupted admission to M. Alibert's wards for diseases of the skin; his practice is chiefly followed by those who, during the summer, attend the clinical lectures.

THE old *Hôpital des Enfants Trouvés* of Paris was long notorious for the number of children which were received and which perished there. Dr. Franklin tells us that in 1785 above one third of the children born in Paris were admitted into it, and that nearly nine-tenths of them died during infancy.

L'HOSPICE DE LA MATERNITÉ has been formed from the ruins of the old Foundling-Hospital since the Revolution, and is an institution for the delivery of pregnant women as well as the reception of deserted infants. There are separate buildings for these two purposes, the one called *Section d'Allaitement*, the other *Section d'Accouchement*; but both are under the same administration and are supported by government.

L'HOSPICE
DE LA
MATERNITÉ.

The midwifery department of L'HOSPICE DE LA MATERNITÉ is converted to an admirable purpose by being made a school for the educating of

Sages-femmes; and I was not a little surprized at my first entering this hospital with M. Chaussier the chief Physician, to find the wards crowded with female students. This midwifery-school was founded about twelve years ago, since which time young women have come annually from all parts of France to study there. Some pursue their education at their own expense; but most of them are chosen by the *Préfets* of the different departments, or the governors of country hospitals, by whom all expenses are paid. For six hundred *francs* these women are lodged, boarded and educated, during one year. They reside in the hospital, and cannot go out of its precincts without permission. After twelve-months residence, and an examination, they receive their diplomata from *l'Ecole de Medecine* to practice as midwives. Besides being practically engaged in the management of natural labors, they attend lectures given twice a week at the hospital by the Professor to *l'Ecole d'Accouchement*. They also receive instruction daily from the *Sage-femme en chef* of the hospital and attend the course of

midwifery given exclusively to them at *l'Ecole de Medecine*. They follow the Physician and Surgeon in their daily visits, and each *élève* makes a clinical report in writing of the patients under her care. The accuracy and minuteness of some of these reports, presented to M. Chaussier during his visit, could not have been greater, if they had been made by an experienced practitioner. Each report contained the state of the patient taken at three different periods since the visit of the day before; and the state of the mind and the sensations of the patient were noticed, as well as the pulse, the skin, the bowels, the medicines administered and their effects, &c. M. Chaussier did not receive these reports as a matter of form, but gave attention to the correctness of them, and made his observations upon any symptoms that appeared to have been omitted, or stated in a different way from what he expected. Besides learning the theory and practice of midwifery, the anatomy and circulation of the fœtus, and whatever is usually given in a regular course of lectures, these female students attend the dissec-

Clinical Re-
ports of
Les Elèves
Sages-
femmes.

tions of *les femmes enceintes ou accouchées*; who die in the hospital; and they are also instructed in the practice of phlebotomy and vaccination.*

Number of
Eleves
Sages-
femmes at
LA MATER-
NITÉ.

During the first five years of the existence of this *Ecole d'Accouchement*, nearly five hundred well-educated women were sent to practise midwifery in different parts of France. In April 1808, there were one hundred and fifty-nine *eleves sages-femmes* in the hospital; and in June 1814, the month in which the new students are admitted, and those who have finished their education are dismissed, one hundred and thirty, who had followed the lectures and practice of midwifery at LA MATERNITÉ during the preceding year, were examined, and received certificates of their being qualified to practise as *accoucheuses*. Prizes are distributed at these annual examinations to those who have been the

Prizes
distributed
to *Les*
Eleves
Sages-
femmes.

* A certain number of the children at L'HOSPICE DE LA MATERNITÉ are vaccinated in succession by *les Eleves Sages-femmes*, and the different departments of France are incessantly supplied with vaccine ichor from this course.

most attentive, have made the best clinical reports, or given the best answers to proposed questions.* Many of *les élèves sages-femmes*, who pursue their education at their own expense, are not satisfied with a twelvemonth's residence at LA MATERNITÉ, and during the second year they have privileges above others, and take a share in the instruction of the fresh students, who are for this purpose divided into classes, over each of which an advanced student presides. M. Baudelocque was to the time of his death a zealous promoter of this school of midwifery, and a copy of his catechism *sur les Accouchemens*† is given to each *élève* as soon as she is admitted. It is an institution which, from the novelty and excellence of the plan, the manner in which it is carried on, and the benefits that must spring from it to society, does

* See “ Procès-Verbal de la Distribution des Prix aux “ Elèves Sages-femmes de l'Hospice de la Maternité de “ Paris. Le 20 Juin, 1814.”

† “ Principes sur l'Art des Accouchemens par Demandes “ et Reponses, en faveur des Elèves Sages-femmes. Qua- “ trième édition, 1812.”

honor to the country which has founded and supported it. I do not think it is of so much importance whether the practice of midwifery be in the hands of males or females, as that those who exercise it should be well informed. The latter purpose seems to be as fully answered as possible by the school I am considering, and this constitutes its greatest advantages. *Les élèves sages-femmes*, who reside for twelve months at L'HOSPICE DE LA MATERNITÉ, and about whose instruction so much pains are taken and so much attention bestowed by the medical men attached to it, are, there can be little doubt, quite as good practitioners at the completion of their education, as the male students in midwifery in any country. In England midwifery is unfortunately held in so little consideration, that the making of any regulations regarding the practice of it, is either forgotten or neglected by those public bodies, which have been constituted for the purpose of improving all branches of medical and surgical science, and diffusing the benefits of them over society; and therefore the majority of midwifery-prac-

tice is (and there seems reason to fear that it will continue to be) carried on by men of slight education, or by old women who have no education at all.

The midwifery-department of L'HOSPICE DE LA MATERNITÉ contains about one hundred and forty beds; and all women who have passed the eighth month of pregnancy, or are threatened with abortion, are admitted on making application at the hospital. The women thus admitted are divided into three classes, viz. poor married women, unfortunate females whose names are to be concealed, and *filles publiques*. The last make but a very small proportion of the whole number. Every delivery is superintended by several of *les élèves sages-femmes*, under the direction of the *sage-femme en chef*, and M. Dubois, the surgeon-accoucheur, is called only to extraordinary cases. No male students are allowed to enter the hospital. There is an *Infermerie* for those women in whom some accidental disease follows or accompanies the delivery; and those who meet with nothing

Number of
Beds at the
Section
d'Accouchement of
LA MATERNITÉ.

Infermerie
to the
Section
d'Accouchement.

unfavourable to recovery from this natural though very violent effort, are commonly discharged from the hospital by the twelfth day.

Number of
Births at
LA MATERNITÉ.

The number of women delivered annually at L'HOSPICE DE LA MATERNITÉ has been from eighteen hundred to two thousand; but great as the number is, the French writers are in error when they state that it has not been equalled in any other hospital. We can, however, readily overlook this erroneous statement, which has arisen from their ignorance of an institution which is, for some reason or another that I am at a loss to explain, little known even in the kingdom which deserves credit for so nobly supporting it. The Dublin Lying-in-Hospital is surpassed by few public institutions that I have ever seen, in the beauty of its architecture, the neatness of its wards, or the regularity of its internal management; and I can find no records of a similar institution in Europe, at which so many births have annually taken place. An abstract from the Registry kept at this hos-

Lying-in
Hospital of
Dublin.

pital for the last ten years will vindicate this assertion.

No. of Women delivered.		Children Born.	Boys Born.	Girls Born.	Women having Twius or more.	Children Dead.	Children Still-born.	Women Dead.
In 1805	2220	2270	1239	1031	50	51	138	12
— 1806	2406	2451	1247	1204	45	43	151	23
— 1807	2511	2555	1306	1249	44	50	145	12
— 1808	2665	2707	1374	1333	42	49	149	13
— 1809	2889	2935	1493	1442	45 (1 had 3)	45	165	21
— 1810	2854	2896	1546	1350	42	54	179	29
— 1811	2561	2613	1363	1250	52	50	169	24
— 1812	2676	2724	1408	1316	48	45	137	43
— 1813	2484	2544	1366	1178	59 (1 had 3)	74	125	62
— 1814	2518	2553	1323	1230	35	86	139	25
Totals	25784	26248	13665	12583	462	547	1497	264

This hospital was first opened for the reception of patients in December 1757, since which date above seventy-eight thousand women have been delivered there, and the following calculations have been made of the proportion of births, deaths, &c. during fifty-seven years.

The proportion of males to females has been as about ten to nine.

Proportion
of Births,
Deaths, &c.
at the Lying-
in Hospital
of Dublin.

The proportion of children dying in the hospital, about one to sixteen.

————— of children still-born, about one to eighteen.

————— of women having twins or more, about one to fifty-seven.

————— of women dying in child-bed, about one to ninety-three.

Twenty-two women had three children and only one had four.

Medical Establishment
of the Lying-in
Hospital
of Dublin.

The Dublin Lying-in Hospital is supported partly by voluntary contributions and partly by government. The chief Physician-accoucheur resides there, and a fresh one is appointed every seven years. There are two assistant physicians whose appointments are also temporary. The natural labours are superintended by male students in midwifery, several of whom reside in the hospital, others are out-door pupils for three, six, or twelve months; and the sums paid by them for these opportunities of gaining a knowledge of the practice of midwifery is, I believe, the only pecuniary remuneration that

the septennial Physician-accoucheur receives. No woman is admitted into this hospital until labor is commencing, and the vehicle in which she is conveyed thither occasionally proves "*la chambre de travail*." In consequence of this inconvenient regulation, the number of beds at the Dublin Hospital is much less than at LA MATERNITÉ, although the number of pregnant women received there annually is greater by more than one fourth. For the patients, and the nurses that are attached to each ward, there are not above one hundred and fifteen beds; and the women who have no unusual symptoms after their *accouchement*, are not unfrequently discharged eight or ten days after their admission.

I could not avoid making this short digression for the sake of mentioning the most extensive practical school of midwifery that this kingdom affords: the Lying-in Hospital of Dublin is nearly as large as the four midwifery hospitals in London. Many of the public institutions in Dublin, particularly the venereal hospital, the

fever hospital, and the clinical hospital attached to the school of physic of the University, are worthy of a particular description; but I cannot depart so far from my present subject as to dwell upon them here.

I have a few remarks to add upon L'HOSPICE DE LA MATERNITÉ. In going through the wards of the *Section d'Accouchement*, I observed that half the women who had recently been brought to bed had no infants by their sides, and to my inquiries about what had become of them, I was told that they had been sent to the *Section d'Allaitement*. Of the children brought into the world at the *Section d'Accouchement* of LA MATERNITÉ, a few are taken away by their mothers, who leave the hospital as soon as they are able. All the rest are received at the *Section d'Allaitement*; some of them are sent thither at the desire of their mothers, to be nursed at their expense; others are accompanied by their mothers, each of whom takes charge of another infant besides her own, as *une nourrice sédentaire*; a third class are those whom their mo-

*Section
d'Allaitement* of LA
MATERNITÉ.

thers abandon when they quit the hospital, and these are regarded as *enfants trouvés*.

The *Section d'Allaitement* of LA MATERNITÉ is the foundling hospital, and besides the infants supplied from the sources I have just described, all others under two years of age, and whom their parents for any reason wish to get rid of, are received into it. A female porter is in attendance night and day at the gate of the hospital, to take all infants that are brought to her; no questions are asked, and to present any written documents with the infants thus offered up is optional, and not at all necessary. The weakest of the infants are put to wet-nurses living in the hospital, who are called *nourrices sédentaires*, each of whom takes charge of two children. The more robust infants are given to nurses, who come from the country to receive and take them home with them. These *nourrices de campagne* often come to Paris from a distance of twenty leagues, and they are paid by the hospital for the time

Reception of
Infants at
the *Section
d'Allaitement*.

during which they take charge of the children committed to their care.

Including *les élèves sages-femmes*, twelve thousand persons, either infants or adults, are received at L'HOSPICE DE LA MATERNITÉ annually ; and above four thousand of them are children beneath two years of age, who have been deserted by their parents. I do not wish, for the sake of swelling a pamphlet into a thick volume, to copy information from sources that are within the reach of many of my readers ; and therefore I refer those, in whom any curiosity has been excited by what I have already said to know more of the school for midwives, and the lying-in and foundling hospital of Paris, to a *Memoire** that has been published to inform the world of many interesting particulars respecting the establishment and the management of this immense and very extraordinary institution.

* *Mémoire Historique et Instructif sur l'Hospice de la Maternité de Paris*, 1808, 4to.

Epidemic diseases commonly find their way into large hospitals. Puerperal fever has been very destructive both at L'HOSPICE DE LA MATERNITÉ and the Lying-in Hospital of Dublin. An immense number of children at LA MATERNITÉ have died from a disease that rarely occurs any where else than in hospitals for infants, *l'endurcissement du tissu cellulaire*.* Not less than one in twenty have been attacked with this disease. It most often attacks the extremities; frequently the neck, face or abdomen. The parts affected become swollen, hard, cold to the touch, and of a dull red or livid colour, not pitting from nor yielding to pressure with the finger. When the lower extremities are affected, the soles of the feet become convex. On dissection the lymphatic and generally the mesenteric glands are found much enlarged, and the cellular substance is distended with a yellow serous fluid that is coagulable by boiling water. This disease, when it affects

Disease affecting Infants at LA MATERNITÉ.

* Siquiro-sarque, Induratio Telæ Cellularis.

the cheeks, has many symptoms in common with *trismus*; but I cannot agree to the remark Dr. Jos. Frank made at the Foundling Hospital of Paris, that it has any very great resemblance to *tetanus*.* The appearance, the attitude of the body, the sensations given by the surface of the body to the touch, are different. The appearances on dissection are very different, for in *tetanus* no information is gained by dissection, any thing unnatural being rarely or never observable. *Trismus nascentium* attacks a great number of children shortly after birth in the Dublin Lying-in Hospital, and although I have been favoured with opportunities of dissecting them where this disease had proved fatal, I never could find any morbid appearances in the throat, viscera of the cranium, thorax, abdomen, or any other parts of the body.

*Trismus
Nascentium.*

* “ Mir scheint dass dieses Uebel, von dem ich fünfzehn Beispiele in diesem Findelhause sahe, ungemein vieles mit dem Starrkrampfe gemein habe.”—REIZE nach PARIS, &c. p. 72.

IT is difficult, to avoid being led away by the subject on which we are writing, and not to go sometimes beyond the opinions that, after more quiet reflection, we are inclined to adopt. I have perhaps spoken too much in favor of very extensive Institutions for the reception of the diseased, since it is commonly where cases are met with in small number that they are most valued and profited by, and that they are treated in the way which comes the nearest to what is required in private practice.

I have said nothing of one of the largest institutions in Paris, LA SALPÊTRIÈRE. This is indeed *une petite ville*, and contains between four and five thousand persons within its walls. It is solely for females ; and the lunatic, the epileptic, the febrile, the aged and infirm, are received there. The clinical lectures at LA SALPÊTRIÈRE by M. Pinel were for several years conducted with great attention, and much celebrated; but

L'Hôpital
LA SALPÊ-
TRIÈRE.

of late he has given very few of these lectures, and they are therefore become of less repute. M. Pinel, however, although loaded with years and well earned fame, still labours for the improvement of his profession. His “*Nosographie Philosophique**” is (if we except the *Medecine Expectante* of Vitet) the only popular System of Physic that has been written in France since Lieutaud’s, and has a reputation at the French Schools which it has not yet obtained in other countries.

The advantages to be derived from LA SALPÊTRIÈRE are not in proportion to the extent of the institution ; but the wards for epileptic patients furnish abundant opportunities of observing the treatment, and prosecuting inquiries into the pathology, of that disease.

* Nosographie Philosophique, ou La Méthode de l’Analyse appliquée à la Médecine, par Ph. Pinel. 5ème edition. 1813.—“*La Médecine Clinique*” of the same Author is also an elementary book much read by Students.

It is somewhat extraordinary that in France, where classification and nomenclature have been thought so much of, little or nothing, in these respects, has been done for *Pharmacy*. Except in the publications of private individuals, no attempt has been made to simplify the art of formulizing, and accommodate it to the latest improvements in chemistry and botany. The Faculty of *l'Ecole de Medecine* have long meditated to publish a Pharmacopœia, but hitherto have never done it; and the “*Code Pharmaceutique*” of Parmentier is the only book on the subject, I believe, that has been put forth under the authority of a public body.

State of
Pharmacy
in France.

From the hospital-practice of the Parisian Surgeons, as well as Physicians, one would suppose that the humoral pathology is still held in great credit amongst them, for to order a seton or issue is as common, as with us to direct keeping open the bowels. Their list of diseases which it is dangerous to cure has been extended to an extravagant length; yet, although not at all disposed to fall in with all their opinions, I

Remains of
a Practice
founded on
the Humoral
Pathology.

was pleased and instructed by seeing them look so much to the prevention of disease, and by observing that they did not always take the quickest means of removing present symptoms, without considering what might be the consequences, or what the diseases that might possibly arise.

*La Percus-
sion de la
Poitrine.*

I seldom entered the Medical wards of the French hospitals, without seeing the *percussion de la poitrine** (as it is termed) put in practice, in order to learn the nature, situation and extent of diseases of the chest. I could not ascertain, then nor since, how far it deserves the confidence which French Physicians place in it; but most of them hold it in high estimation as a diag-

* This operation is merely striking different parts of the thorax with the hand, and judging, from the sound that is produced, of the nature, situation, and extent of the disease affecting the viscera within. It is unnecessary to say much about it here, because so much concerning it may be found in some French books. *Le Baron Corvisart* has been at the trouble to translate a book on the subject, (*"Avenbrugger Nouvelle Méthode pour connoître les Maladies internes de la Poitrine, par la percussion, &c. traduite du Latin,"*) which has greatly served to bring it into fashion.

nostic mark of the different diseases of the thoracic viscera.

The military hospitals may be placed in the list of public institutions in Paris, which are made subservient to the purposes of medical instruction. They are open to all students who wish to follow the practice of them.

Military
Hospitals
open to
Students.

From our Military Hospitals all young men are excluded, who are not wanted to do the duties of them; and even the established practitioner does not always find ready admittance. Surely it might prove to a certain extent beneficial to make some of the grand Naval and Military Hospitals in England at least open to those who are intending to become Surgeons in the Army or Navy? Such young men might not only be allowed free admission, but might be required to attend the practice of these hospitals, before receiving any medical appointment.

Conclusion.

THE few concluding remarks which I have to make, ought to be more by way of apology than of explanation, because the reader must already have discovered the object of the preceding pages. To be concise and clear has been my study, rather than to become the author of a large volume by compiling materials, or by adopting prolixity of style.

Next to witnessing the practice of any hospital, the best notion of it is, I conceive, to be gained from a history of individual cases; which is my apology for having now and then introduced a case *en detail*. And if I have sometimes awakened curiosity without gratifying it, it has arisen from circumstances that I could neither remove nor avoid.

From some parts of what I have ventured to write, unfavourable conclusions may be drawn of what is to be met with in the French Hospi-

tals; but it may likewise be seen that there are some things which might be transferred to our own Schools with advantage. There are three things, for the performance of which we look particularly to those men who hold great public appointments either as teachers or as practitioners,—advancing their profession by original inventions or discoveries, disseminating the well-established principles of it amongst others, and conferring the benefits of it upon the afflicted who are placed under their care. The French professors have undoubtedly performed their share of the first * of these duties, and they certainly excel greatly in the other two; in their hospitals, they practice well what they know, by giving careful and unremitting attention to their

* M. Dupuytren's excellent operation of removing the diseased mental portion of the lower jaw was much talked of in Paris. Some account of it has been given in the London Medical Repository, vol. 3, p. 432.—The central incision of the integuments united by the first intention, and the patient got a complete cure of the disease. The inconveniences, arising from the absence of so great a part of the lower jaw, were of course very considerable; but I was informed by M. Dupuytren, and several other gentlemen, that no great deformity arose from it.

patients; and in their lectures, by clearness, eloquence and good arrangement, they communicate well what they know to others.

Upon the whole I think that the English Surgeon, who spends a short time in Paris, will derive much less pleasure from witnessing the practice of the hospitals, than from observing the manner in which they are conducted to render them Schools for the education of students. In every country, men of genius are born who rise superior to all difficulties, improve every subject they give attention to, and leave behind them a lasting reputation. Men of uncommon industry are also to be found, who seem to create their opportunities, and who will gain knowledge under the least favourable circumstances. But it is not to be expected that the mass of young men who enter into the Medical Profession, should possess either much genius, or much industry; and therefore it is always desirable to have facilities of obtaining instruction, and inducements to embrace them.

The Student, whose mind is enriched with the good doctrines of the English Schools, cannot visit Paris without deriving much benefit from it. In the Parisian, as in other great hospitals, all that he sees may not be good practice; but who, that has a mind of any activity and information, can see the worst practice without turning it to some good account? who has not sometimes been so well satisfied with the observations he has made during a badly-conducted operation, as to feel that he could not have gained much more, had it been done in the best possible manner? When an operation is particularly well conducted, the spectator is perhaps pleased with the result of the whole, without being sufficiently impressed with the successive steps by which it has been accomplished. On the contrary, a person with an active and cultivated mind, employed on the progress of an operation badly performed, is representing to himself what is deficient, and studying a lesson of improvement that will not readily be forgotten.

After having said so much upon the import-

ance of medical education, as well for the improvement of our knowledge, as for extending the benefits of what is known already, I need say little of the gratification I shall feel, should the student be able, in any part of the preceding Sketches, to trace a plan of recording facts and observations, that he may find useful to him in his professional studies.

FINIS.



